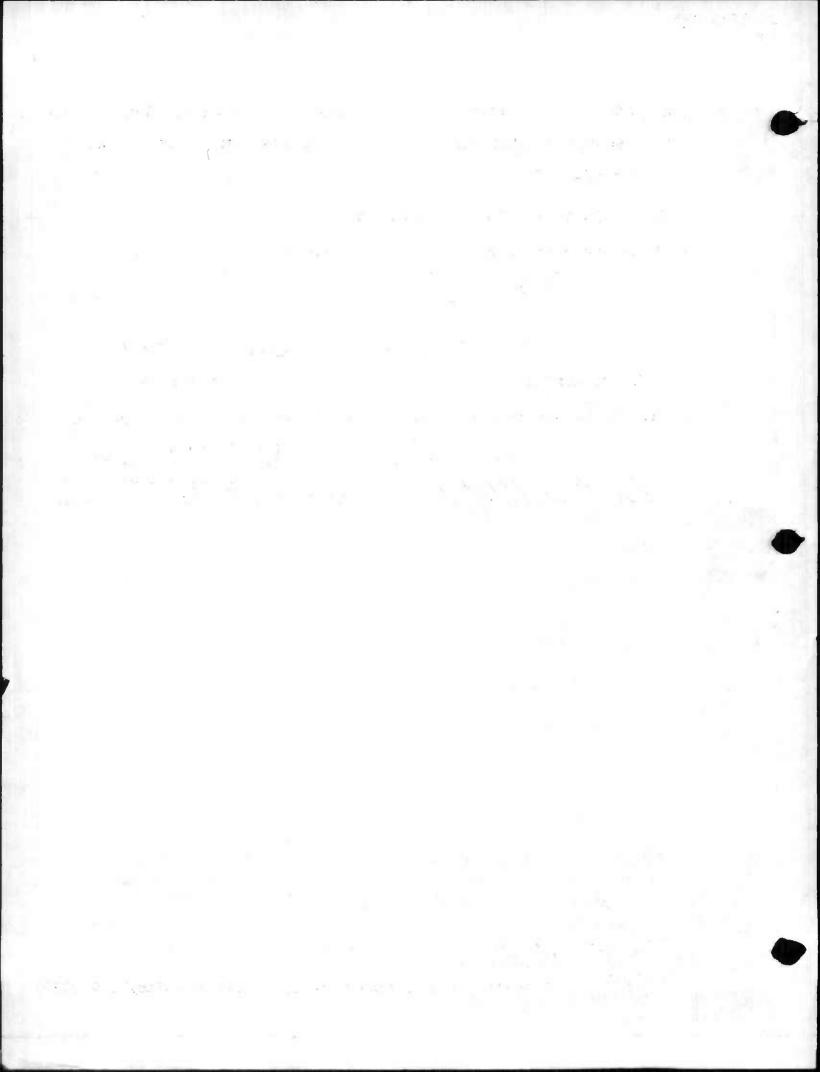
State of Maryland / Department of Health and Mental Hygiene 96

21,001

					C	ertificate of I	Death	R	eg. No.	0 4	4001
F	Physic	ian	1. Dacedent's Nama (First, Middle, Las	st)				2. Date of Deat	1	Year 3	3. Time of Death
1	Physic /Medi Examl	ical	RICHARD 4a. Facility Name (If not institution, give	JOHN e street and number)		HOFFM	IAN b. City, Town, or L	JULY	2 , 199 4c. County	6 0	5:00 PM
Ĺ			1418 BENNETTS	POINT ROA	AD		QUEENST	OWN	OUEE	N_ANN	ES
	Funeral Director	_	5. Social Security Number 215-01-2498 Usual Residence of Decedent	ex 7. Age (// ☐XM 2□ F	79 Yrs.	y) If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Day, July 1	Year)	9. Birthplaca Country)	(State or Foreign
	wo.		10a. State 10b. County	10	Oc. City, Town or	Location				10d.	Inside City Limits
	Man a-f eh	ctor	Md. Queen	Anne's	Queen	stown					1 ☐ Yes 2 ☐ YNK
	th with the 23a or 28 ust be no	al Director	100. Street and Number 1418 Bennetts P	oint Road		10f. Zip Code	1658	1:	U.S.A		
020	d 2 should be filed within 72 hours eftar death with the Maryland thend Mental Hygiene. 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Evaluries must be recitied at	by Funeral	11. Marital Status 1 □ Never Married 2 □ Married 3 □ Widowed 4 □ ⊅ viorced	12. Was Decedent Eva Armed Forces? 1♥ Yes 2 □ No if Yes, Give Year or Dates: W		B. Was Decedent of Hi If Yes, specify Cuba 1 ☐ Yes 2€ No	spanic Origin? (Sr n, Mexicen, Puerto Specify:	pecify Yes or No- Rican, etc.)		- American I c, White, etc. Whi	
2-0	72 ho	eted	15. Decedent's Ed (Specify only highest grad	ucation de complated)	16a. Dec	edent's Usuel Occupa	ation furing most of work	rina	16b. Kind of Bu	siness/Industr	ry
121	within Bne. than	Completed	Etementary/Secondary (0-12)	College (1-4or 5+)		re kind of work done of DO NOT use retired			Buil	ding	
9	Hygin other	Be Co	8 17. Father's Name (First, Middle, Last)		COIL	scruccion	18. Mother's Nam		Maiden Surneme	9)	
Vlar	should be nd Mental marked o	To B	John C. Hoff	man		1	Cath	erine B	yrnes		
, Maryland 21215-0020	C T N L	ľ	19a. Informant's Name/Relationship (7 Catherine Warne	ype, Print) r (Sister		iling Address (Street a Bennett					
altimore,	of He		20a. Method of Disposition X 1 Burial 2 Cremation 3 4 Donation 5 Other (Specify	Hollioval IIOIII State		position (Name of rematory or other plector) Nn Memoria	1111	v 5. 19	96 Eastor		
Balti	permit. Pag Depertment Important: i eny injury o		21. Signature of uneral Service Licens 23a. Part1. Enter the disease, or compshock, or heart feilure. List only of	see / /2		22. Name and Addres	s of Facility	11000	11-16-	nhada	
>	Physician /Medical Examiner			a. CONTSCI		be woon				Inte On	erval Between sat and Death
	p ±	Iner	_		0 10 (0) 03 0 00/13	aquerice or).					
,0,	icate be axecuted physician end s the burial-transit	I Examiner	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury	Due	to (or as e cons	equence of):					
BOX 68760	death certificate be axecuted e ettending physician end of for use as the burial-transit	in/Medical	that initiated events rasulting in death) Last	d.	to (or as a conse	equence of):					
		Physician/	Part II. Other significant conditions co	intributing to death but no	ot resulting in tha	underlying ceuse give	on in Part I.	23b. Did to	bacco use con	tribute to the	cause of death?
s, P.O	requires that the de neen signed by the e hould be detached to	by Phy						1 🗆 Ya	2 □ No	3 Probabl	y 4 Unknown
Hecords,	been should	Completed						24a. Was ar perform	autopsy ned?	avallab	autopsy findings ote prior to otion of causa th?
	0 - 6	E OC						112Ye	s 2 No	1000	s 2 No
VItal		Be	25. Was cese referred to medicet examiner?				26. Place of Deet	h (Check only one	9)		
6	Phys this ral di	To T	1 ☑ Yes 2 ☐ No 27. Menner of Death	Hospital: 1 Inpatient 28e. Dete of Injury	2 ER/Outpati		4 LI Nursing Ho	me 5 Reside			
0	tending leeth.	tion	1 Neturel 5 Pending 2 Accident investigation	(Month, Day Ye	ar) tnjury	Work	res 2 No	28d. Describe ho	winjury occurre		
DIVISION		Certification:	3 Suicide 6 Could not be determined	28e. Place of Injury - building, etc. (S	At home, farm, s	traet, factory, office		28f. Location (Str City or Town	eet and Numbe Stete)	r or Rural Ro	oute Number, (W)
	To the Hospital or At within 24 hours after of to the Funeral Direct completely filled in by	edical (29e. Certifier 1 ☐ Cartifying Phy (Check only one) 2 ☑ Medicai Exami	sician: To the best of my insr: On the basis of exa and manner stated.	y knowledge, dea mination and/or i	th occurred at the tim	a, date and place, Inion, death occur	and due to the ce	use(s) and man	ner as stated	1
	To th within To th comp	Me	29b. Signature and title of certifiar	0		29c. Licensa	number	29	d. Data signed	(Month, Day,	Year)
			Maynet A.	Yall		0.C.I	M.E.	J	ULY 3,	1996	5
			30. Name and address of person who co	empteted ceuse of deeth	(Item 23a) (Type	, Print)			•		
			MARYSOLONS D	· KOROLLI	0 111	Penn Str	eet, Ba	ltimore	, Mary	land	21201
	Sta Registr		31. Date filed (Month, Jun Year) 3 1	996 32. Registration	Signature Davidson	-Randelle					



State of Maryland / Department of Health and Mental Hygiene

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Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** JULY 26 1996 MARY ANNETTE HELDERMAN 8:30 AM /Medical 4a. Facility Name (II not institution, give street and number) 4b, City, Town, or Location of Deeth 4c. County of Death Examiner Memorial Hospital at Easton Talbot Easton If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, 5. Social Security Number 7. Age (In yrs. last birthdey) 9. Birthplece (State or Foreign **Funeral** 1 M 2 K Deys SOUTH CAROLINE Yrs. DEC 8, Director 227-14-4724 75 Usuel Residence of Decedent the Maryland 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits rail, or items 23a or 28a-f show Examiner must be notified at MARYLAND TALBOT EASTON ¥ Yes 2 No Director 10e, Street and Number 10f. Zip Code 10g, Citizen of Whet Country? 817 ARCADIA ST 21601 USA death Funeral 12. Wes Decedent Ever In U,S. Armed Forces?

1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bieck, White, etc. 11. Maritel Stetus permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: If Itsm 27 is marked other than "natural" any injury or other traumatic exercises. 1 Never Married 2 Merried 1 ☐ Yes 2 No Specify: WHITE þ 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) 1 2 College (1-4or 5+) TELEPHONE OPERATOR C & P TELEPHONE CO 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be JAMES HODGE "UNKNOWN" CASSIE 19a. Informent's Neme/Raletionship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) MARLENE del PIZZO 6000 CARLOW COURT, MABLETON, GA 30059 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other piece) 20c. Location - City or Town, Stete 1 Buriel 2 Cremetion 3 Removel from Stete WOODLAWN MEMORIAL PARK 7-30 EASTON, MD 4 ☐ Donetton 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licenses 22. Neme end Address of Fecllit FELLOWS, HELFENBEIN & NEWNAM FUNERAL HOME JOHN R. MERCERO, CF17 200 S. HARRISON ST., EASTON, MD 23a. Part1. Enter the diseasa, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximate Intervei Between Onset and Deeth **Physician** /Medical Immediete Cause (Final Due to (or es e consequence of): disease or condition resulting in deeth) Examiner Examiner ntariosclerati The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated evants resulting in daeth) Last Dua to (or es a consequence of). P.O. Box 68760. attending physician for use as the burie Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed t none Records. à cate has been signated by page 2 should b 24b. Wera autopsy findings evaileble prior to Be Completed 24e. Wes an eutopsy performed? completion of cause of death? certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician: 25. Was cese referred to medical 26. Plece of Deeth (Check only ona) 1 Yas 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 1☑Inpatient 2□ER/Outpatient 3□ DOA this funeral 28e. Dete of Injury (Month, Day Year) 27. Manner of Deeth 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? After 1 Neturel 5 Pending Invastigation ours after death. ers! Director: Aft filled in by the fur 1 ☐ Yes 2 ☐ No 2 Accident 8 Could not be datermined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 Suicide 28a. Piace of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide To the Hospital o within 24 hours at To the Funeral D completely filled i edicai 1 Dertifying Physician: To the best of my knowledge, deeth occurred at tha tima, data and plece, end due to the cause(s) and mennar as stated.

2 Medical Examiner: On the bests of axaminetion end/or investigation, in my opinion, daeth occurred at the tima, data end place, and due to the cause(s) end menner stated. 29e. Cartifier 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) Robert W. Trever M.D. D10938 7-26-96 30. Name end address of person who complated cause of deeth (item 23a) (Type, Print) ROBERT W. TREVER, M.D., 7696 OCEAN GATEWAY, EASTON, MD 21601 31. Deta filed (Month, Dev. Year) 32. Registrer's Signature State I Lulia Davidson-Randell

Registrar

JUL 2 9 1996

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State of Maryland / Department of Health and Mental Hygiene Q C

						Cer	tificate d	of Death		Reg. No.	0 2	4003
П	Dhuoini	ian	1. Decedent's Name (First, Middle, L. Haro	est)					2. Dete of Dec	eth Dev	Veer	3. Time of Death
	Physici /Medi		Frederick Halo			_	В	enton, Sr.	August	01, 199	6 ^{Year}	11:06 A.M.
	Examir	ner	4a. Facility Name (If not Institution, gi						or Location of Death			
L			Physicians Memorial		. M	44 1	If I lader 1 V	La Plata ear if Under 24 H	10 A	Char!		
	Funeral Director		046-01-8325	Sex 7. Age 1. Age	(In yrs lest bi	Yrs.	Montha De			22 190	9. Birthpli Count	Conn.
	and		Usuel Residence of Decedent 10a. State 10b. County		10c. City, Tow	m or Lo	ation				10	d. Inside City Limits
	sa-f sho	Director	Conn. Fair:	fied	Newt	owi	1					1⊠ Yes 2□ No
	ath with the 23st or 2		10e. Street and Number Richmond				10f. Zip Cod 0 6 4	70			S.A.	
020	in 72 hours after death with the Maryland "natural", or items 23s or 28s-f show faults Examiner must be notified at	by Funeral	11. Maritai Status 1 □ Never Married 2 □ Married 3 ☑ Widowed 4 □ Divorced	12. Was Decedent E Armed Forces? 1 Yes 2 N If Yes, Give Yeer or Dates:				of Hispanic Origin? cuban, Mexican, Pu No Specify:	(Specify Yes or No- erto Ricen, etc.)		e - America ck, White, e : Whi	tc.
5-0	72 hc	etec	15. Decedent's E (Specify only highest gr	ducetion ede completed)	16a	Deced	ent's Usual Oc	cupetion one during most of w tired)	vorkina	16b. Kind of B	uainess/Inde	ustry
121	filed within Hygiene. ther than "	Completed	Elementary/Secondary (0-12)	College (1-4or 5	+)				John Mary	Car	rpent	rv
d 2	e filed withing Hygiene. other than	ပ္ပ	17. Father's Name (First, Middle, Lasi	1)		arı	enter		ame (First, Middle,			
lan	of la by	To Be	Walter Benton	,					ett Morg			
Maryland 21215-0020	d 2 sh th and 7 is m traum	F	19a. Informant'a Neme/Relationship Fred Benton	(Type, Print)	19t	Mailin	Address (Str Hamli	eet end Number or	Rural Route Number	or, City or Town,		Code)
Baltimore,	permit. Pages 1 and 2 Department of Health Important: If Item 27 i any Injury or other tra		20a. Method of Disposition 1 XBuriel 2 Cremation 3 E 4 Donation 5 Other (Speci		20h Pisco o	f Dieno	ition (Name o		Data	20c. Location -		
Baltir	permit. F Departme Importan any Injur		21. Signature of Funeral Service Lice	nsee	/	ÅÎ	EHART	-ECHOLS	FUNERAL	HOME	, INC.	
	- 4 -		23a Pert1 Enter the disease or con	" CACO 3	Q945				aPlata,N		-	Approximate
	Physician		23a. Pert1. Enter the disease, or com shock, or heart feilure. List only	one ceuse on each lin	6.	HOL BILL	r the mode of	dying, such as card	iac or respiratory ar	rest,		Approximate Interval Between Onset and Deeth
λ	/Medical		Immediate Cause (Finei		Lun	ar	Para	er -			1	110011
П	Examiner		disease or condition resulting in death)		Due to (or as						1	I weeks
	D #	ner			//		retis					I weeks
oʻ	icata be executed physician and s the burial-transit	Examiner	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	b	Oue to (or as a	conseq	uence of):					
x 68760,	\$ D 8	//Medical	cause (Disease of Injury that initiated events resulting In death) Last	d	Due to (or es a	consequ	ence of):				İ	
Box.	death ce	Iclar	Pert il. Other significant conditions of	contribution to double bu	t not specified i	n than ton	darbina anus	ahran in Rant i	22h Dide	-h	nadhuda da	the cause of death?
P.O.		y Physician/I	Total agrificant conditions (contributing to deeth ou	t not resulting i	n (ne un	denying ceuse	given in Pert I.	120			ably 4 ☐ Unknown
Division of Vital Records,	e iaw requires that has been signed b ge 2 should be dete	Completed by								an autopsy med?	ava	re eutopsy findings ilable prior to ipletion of cause eath?
	The Base	S							1 🗆 Y	es 2 No	10	Yes 2□ No
Vita	ysician: The s certificate director, pag	Be	25. Wes case referred to medicel examiner?	Lla and a la				4	eath (Check only o	ne)		
5	Physician: this certific ral director,	2	1 Yes 2 No	Hospital: 1 Inpatier			3LI DOA		Home 5 Resid)
sion	ending P seth. or: After I	Certification:	27. Menner of Death 1 Naturel 5 Pending 2 Accident Investigation		Year) 28b.	Time of Injury		njury et Nork? I Yes 2 No	28d. Describe h	now injury occur	red	
Divi	s efter de si Directi ed in by t	Certific	3 Suicide 6 Could not be 4 Homicide determined		ry - At home, fe (Specify)	erm, stre	et, factory, offi	се	28f. Location (S City or Tow		er or Rural	Route Number,
	To the Hospital or Attending F within 24 hours efter deeth. To the Funeral Director: After completely filled in by the funer	edical	29a. Certifier (Check only one) 1 Certifying Pt 2 Madical Example 1	nysicisn: To the best of ninar: On the basis of and manner stat	exemination an	e, death	occurred at the	e time, dete and pia ny opinion, death oc	ce, end due to the c curred et the time,	cause(s) and ma dete end place,	anner as sta and due to	ited. the cause(s)
	To the To the comp	M	29b. Signature end title of certifier				29c. Lic	ense number		29d. Date signe	d (Month, D	ley, Year)
	25.00		More	The S	Lee	10	D-2	4 7849		ALLI C	1St	,1996
			30. Neme end address of person who Lee, Monika, MD 7	completed ceuse of de 00 Old Line (enter. S	uite	100. Wal	ldorf, MD 20	0602		,	1 1
	Sta Registr	_	31. Date filed (Month, Dey, Year) AUG 0 2 1	32. Registra	r'a Signature	Ran	lall					

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene O.C.

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	Physic		Decedent's Neme (First, Middle, Las	t)				2. Dete of Deat Month 18		Year	3. Time of Death 8:10
	/Medi	cal	TERRENCE PIERCE		<u> </u>		4b. City, Town, or I	July 4	19, 19	96	10:25 P.M.
7	Exami	er	4e. Fecility Neme (If not institution, give HOLY CROSS HOSE				Silver		4c. County		,
ŀ	Funeral		Sociel Security Number 6. S	9x 7. Age (In	yrs. last birthdey)	If Under 1 Year Months Deys	if Under 24 Hrs.				oce (Stete or Foreign
	Director		578-68-1496	3¢M 2□ F 43	Yrs.	Working Deys	FIOUIS WIII.	Aug. 16	, 1952	Washi	ngton, D.C.
	fand		Usuei Residence of Decedent 10e. Stete 10b. County	100	c. City, Town or Lo	cation				10	d. Inside City Limits
	tha Marylan r 28a-f show	tor	Maryland Prince Ge	eorge's	0xon	Hill					1X Yes 2 □ No
	with the Maryland a or 28a-f show	Directo	10e. Street end Number			10f. Zip Code		10	Og. Citizen of W	/het Countr	y?
	£ 83	rai	1145 Southview Dr	rive, Apt. 2	04	207	45		United	Stat	es
Maryland 21215-0020	or the	by Funerai	11. Meritei Stetus 1 □ Never Merried 2 ☑ Merried 3 □ Widowed 4 □ Divorcad	12. Wes Decedent Ever Armed Forces? 1 ☐ Yes 2 ☐ XNo If Yes, Give Yeer or Detes:		Wes Decedent of It feet, specify Cub	Hispenic Origin? (Spen, Mexican, Puerto Specify:	pecify Yes or No- o Rican, etc.)		e - America k, White, ei	tc. »
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92	Hygia ther th	Col	1 2 17. Fether's Neme (First, Middle, Last)		Boi.	ler_Plant	Enginee	r ne (First, Middle, A	Gover		
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lary	2 shou and N la mar	-	19e. Informent's Neme/Reletionship (7	ype, Print)	19b. Meilir	ng Address (Street	t and Number or Ru	ral Route Number	City or Town,	State, Zip C	2ode)
	DENE		Lillie B. Hudso				ew Drive,	-			
Baltimore,	permit. Pegas 1 an Department of Haal Important: if Item 2 any Injury or other 2008.		20e. Method of Disposition 1 ☑ Buriel 2 ☐ Cremetion 3 ☐	Removei from Stete	Ob. Plece of Dispo cemetery, crer	sition (Neme of netory or other ple	ce)	Dete	20c. Location -	City or Tow	n, State
Him	it. Pertrant:		4 Donetion 5 Other (Specify			ll Cemete		7/25/96	Suitla	nd, M	D
Ba	Depa Impo		21. Signeture of Fynerel Service Licens	+ +	S	P. Name end Addre PEWART FU	UNERAL HO	ME, Inc.			
7	_		234 Part1. Enter the disease, or comp	QUVAN.	deeth. Do not ent	001 Benni	ing Road,	N.E., Was	shingto		C. Approximete
	Physician /Medical Examiner		Immediate Cause (Finel disease or condition	one cause on eech line.	psi			,	•		Onset and Deeth
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o	Phys r this aral di	1.7	1 Yes 2/2 No 27. Menner of Deeth	1 ☑ Inpatient 28e. Dete of Injury (Month, Dey Yel	2 ER/Outpetler	I SEL DOM	4 Unursing H	ome 5 Reside			
ion	Attending in death.	ation	Neturel 5 Pending investigation	(Month, Day Yea	ar) Injury	Wo	rk?]Yes 2 □ No				
Division	or Attendil after death. Director: A I in by the fu	Certification:	3 Suicide 6 Could not be determined	28e. Plece of Injury - building, etc. (S)	At home, ferm, str	eet, fectory, office		28f. Location (St. City or Town		er or Rural	Route Number,
	ital or urs afta ral Din										
	Hosp 24 ho Fune Fune staly fi	edicai	29e. Certifier (Check only one) 12 Certifying Phy 2 Medical Exam	sician: To the best of my inar: On the basis of exa	knowledge, death minetion end/or inv	occurred at the the restigetion, in my o	me, dete end piece opinion, deeth occu	, and due to the ca rred et the time, da	use(s) and me ate end plece, e	nner es sta and due to t	ted. he cause(s)
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi compiataly filled in by the funeral	Me	29b. Signature and title of cartifier	end menner steted.		29c. Licens		29	9d. Dete signed	(Month, D	ay, Year)
	->-0		> Amend!	molto	MD	D38	3262		Lulu	19	1996
	(1)		30. Neme end address of person who c	ompleted cause of deeth	(Item 23a) (Type,	Print)			1 611		2.
	(6)		DR MENDHIRAT.	1A Holy C.	ross Hos	pilal F	usent 9	ten Ko	ad Sil	reis	1996 pruy MD
	Sta Registr	_	31. Dete filed (Month, Dey, Year) JUL 25 1996	Registrer's S	Signeture	•				- 1	

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State of Maryland / Department of Health and Mental Hygiene Q 6

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				Cei	tificate of	Death		Reg. No.	0 4	4000
	Dharata		Decedent's Neme (First, Middle, Last)				2. Dete of De Month	neth Dev	Year 3.	Tima of Death
	Physic /Medi		Rosemary G. Haughey				July			0:00 P.M
)	Examir		4a. Fecility Neme (If not institution, give street and number)			4b. City, Town, or I	Location of Deat	h 4c. County	of Deeth	
1			2600 Squaw Valley Ct.			Silver			tgomery	7
	Funeral		5. Sociel Security Number 8. Sex 7. Age	(In yrs. last birthday)	If Under 1 Year Months Days		8. Dete of Bir (Month, De	th ey, Year)	9. Birthplece Country)	(Stete or Foreign
	Director		0/2 22 2912	68 Yrs.			Oct. 1		New Yo	
	and *		Usuel Residence of Decedent 10e. Stete 10b. County	10c. City, Town or Lo	cation				10d ii	nside City Limits
	s 1 and 2 should be filed within 72 hours after deeth with the Meryland If Heelth and Mental Hygiene. Itam 27 is marked other than "natural", or items 23s or 28e-f show other traumatic event, the Medical Examine must be notified at	ō	Maryland Prince George's	Bowie						Yes 2 No
	the the	Director	10e, Street end Number		10f. Zip Code			10g. Citizen of \	What Country?	
	with the or	ō	2410 Keyberry Lane		207	15			States	
	Seeth	Funeral	11. Meritel Status 12. Wes Decedent I	ever in U.S. 13. V			pecify Yes or No		a - American In	
0	fler in	F	Armed Forces? 1 ☐ Never Merried 2 ☑ Married 1 ☐ Yes 2 ☐ ↑	lo		Hispanic Origin? (S ban, Mexican, Puert	o Rican, etc.)	Bled	ck, White, etc.	
050	ors a	þ	3 ☐ Widowed 4 ☐ Divorced if Yes, Give Yeer or Detes:		I□Yes \$(☐tNo	Specify:		Specify	" White	2
21215-0020	2 ho	Completed	15. Decedent's Education	16a. Deced	lent's Usuel Occu	pation	400	16b. Kind of B	usiness/Industr	/
21	thin 7	pje	(Specify only highest grede completed) Elementery/Secondery (0-12) College (1-4or 5	+) (Give	DO NOT use retin	e during most of wor ed)	King			
2	Marie M	Con	12		memaker			Own H	lome	
nd	a de transporte	Be (17. Fether's Neme (First, Middle, Last)			18. Mother's Nen			ne)	
yla	should be filed within and Mental Hygiene. I marked other than umatic event, the Mental and the	70	Edward J. Crooks			Gertru	de Wetj	en		
Maryland	2 should be filed and Mental Hygis is marked other reumstic event, to		19e. Informent's Neme/Reletionship (Type, Print)		-	et end Number or Ru				e)
	1 and 2 Heelth am 27			sband 2410		-				
9	F the		20e Method of Disposition Burial 2 Cremetion 3 Removel from Stete	20b. Plece of Dispo cemetery, crer			Dete	20c. Location -		
E	Part:	li	4 ☐ Donetion 5 ☐ Other (Specify)	Maryland	Veteran	s Cemeter	y7/26/9	6 Chelte	enham Ma	aryland
Baltimore,	permit. Pages 1 an Department of Heel Important: If Itam 2 any injury or other ance.		21. Signature of Funeral Service Licensee	7) 18	Name and Addr	ess of Fecility Evans Fu	neral H	lome, P.A	Α.	
	6 5 E G		Kovert C. Elans	1.60		apolis Ro				
			23a. Part1. Enter the disease, or complications that caused shock, or neert fellure. List only one ceuse on each in	the death. Do not ent	er the mode of dy	ring, such es cardied	or respiratory a	rrest,	App	roximete rvel Between
	Physician								Ons	et and Deeth
1	/Medical Examiner		fmmediete Cause (Finei diseese or condition	percal	PMICE				6 h	nonths
	LAGITHTE	L.	resulting in deeth) e.	Due to (or es a consec	uence of):					. /
	be fi	Examiner	- b - W	etastat	ic bye	ast co	veino	ma.		this
	deeth certificete be executed e attending physician end of for use as the buriel-transit	хап	Sequentially list conditions,	Due to (or es e consec	uence of):					1
68760,	be ex		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury							
87	phys the	Medicai		Due to (or es a conseq	uenca of):					
×	ding as	Me	d							
Box	attendir for usa	Physician/								
Ö		iysi	Pert II. Other significant conditions contributing to death but	t not resulting in the u	nderlying cause g	iven in Pert I.				cause of death?
<u>α</u>	es that the igned by th be detache		NIA				10	Yes 2 No	3 Probably	4 Unknow
Records,	requires	d by					24e. Wes	en eutopsy	24b. Were e	utopsy findings
Ö	- L 0	lete						ormed?	comple	e prior to tion of cause
Re	The lew ete hes b page 2 s	Completed							of deeth	
ā			OF IM-				10	-	1 ∐ Ye	3 2□ No
Vitai		o Be	25. Was case referred to medical examiner? 1 Yes Hospitel: 1 Inpatie		0	26. Place of Dea	4 -			
ō	문를	-	1 ☐ Inpatie 27. Menner of Deeth 28e. Dete of Injur		1 3LI DOA	4 LI Nursing H		dence 6 Doth how injury occur		
on	ding Ph h. After th funeral	tion	Accident investigation (Month, De)	Year) Injury	28c. Inju Wo M 1	ork? ☐ Yes 2 ☐ No	200, 2000, 20			
Division	or Attending effer death. Director: After In by the fune	Certification:	3 Suicide 6 Could not be 28e. Plece of Inju	ry - At home, ferm, str			28f. Location	Street and Numb	er or Rural Ro	ute Number.
ă	or A efter Direct	ert	4 Homicide building, etc	(Specify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or To	wn, State)		
	Hospital 24 hours Funeral staly filled		29a. Certifier Certifying Physician: To the best of	f my knowledge, deeth	occurred et the t	time, dete end plece	and due to the	ceuse(s) and me	enner as stated	
		edicai	(Check only one) 2 Medical Examiner: On the besis of end menner sta	examinetion end/or inv	vestigetion, In my	opinion, deeth occu	rred et the time,	dete end plece,	and due to the	cause(s)
	To the Within 2 To the comple	Me	29b. Signeture and title of certifier		29c. Licen	nse number		29d. Dete signe	d (Month, Dey,	Year)
	7		MAH SL		1	12699.	2	71	24/90	0
	(10)		30. Nerry and address of person who completed cause of de	eth (Item 23a) (Type.	Print)	A 1/	, 1			
			30. Nerve and address of person who completed cause of de KATHRYN S KIRWI	N 1040	o Conh	Mr Ko	msingt	w 40	20895	

State Registrar Jan V. Lander C. Lander

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

Physician
/Medical
Examiner

Director

Funeral

Completed

Be

Examiner

Physician/Medical

þ

Completed

Be

Certification: To

Medical

29e. Certifier

(Check only one)

29b. Signeture and title of certifier

3 Time of Death 12:09 PM

Vas 2□No

Approximete Interval Between Onset end Deeth

29d. Dete signed (Month, Dey, Year)

Funeral

Director

the Maryland Show "natural", or frame 23a or 28a-f show deeth filed within 72 hours after The Medical

21215-0020

Baltimore, Maryland

Box 68760.

P.0.

Records,

Division of Vital

Pages 1 and 2 should be filed withir nent of Health end Mental Hygiene. Int: If Item 27 Is marked other than Iry or other treumatic svent, pre M. permit. Page Department of Important: If any Injury or

Physician /Medical Examiner

The law requires that the death certificate be executed bunel-transit pue usa signed by the a certificate or Attending Physician: this in by the funeral Aftar

24 hours after deeth. filled Hospital To the To the To the I

1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Mouthly 2 pay, 1998er Thomas William HAW 4e. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Prince George's Lanham Doctor's Community Hospital If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Dey, Yeer) 5. Social Security Number 7. Age (In yrs. lest birthdey) Birthplaca (Stete or Foreign Country) 1₽M 2□ F Months 79 Yrs. 139-05-5909 January 19,1917 New York Usuei Residence of Deceden 10a, State 10b. County 10c. City, Town or Location 10d. Inside City Limits Prince George's County Hyattsville 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 6002 36th Avenue 20782 USA 12. Was Decedent Ever in U.S. Armed Forcas? 1 [≛Yes 2 □ No If Yes, Give Year or Detes: Wes Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puarto Rican, etc.) 11. Marital Status 14. Rece - American Indien Bieck, Whita, atc. 1 Never Married 2 Married 1 Yes 2 No Specify: þ Specify: White 3 XWidowed 4 ☐ Divorced 16e. Decedent's Usuel Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 18b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Postmaster Government 12 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Charles Robert Haw Marie D. Quinn 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Thomas W. Haw, Jr. (Son) 12915 Bently Lane, Bowie, Md. 20715 20b. Plece of Disposition (Neme of cematery, crametory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from State Gate of Heaven Cemetery 7/23/96 4 ☐ Donetion 5 ☐ Other (Specify) Silver Spring, Md. 22. Nama and Addrass of Facility 21. Signature of Funeral Service Licephee Francis Gasch's Sons Funeral HOme, 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiec or respiretory errest, shock, or heert feilure. List only one ceuse on each line. 4739 Baltimore Ave., Hyattsville, Md. 20781 Immediete Ceuse (Finel Cardiopulmonary Arrest disaesa or condition resulting in deeth) Dulmonary failure pneumonia Due to (or as a consequence of): Sequentielly list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated avents resulting in death) Lest orgestive Heart Failure Ventrulas tachy cardia Due to (or es e consequenca of): Acinatobacter Sep Sis Lue to yeart. Antipotabecter Lwoft, and Pert II. Other eignificant conditions contributing to death but not resulting in the inderlying cause given in Pert I.

Chronic obstructive pulmonary his case, Bronchi extrais

Pleure I Thickening. Mycolarderia Kansesii entection.

A miration. Dyerhagia, Ecophagial stricture Esophagitis,

Dudenal ulcul with bleding, Diverticular Disease dolor.

Prosto by pertrophy with obstruction. Stenosis of 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probabty 4 Unknown 24b. Were autopsy findings available prior to completion of causa of deeth? 24e. Wes en autopsy performed? cerviced Rediculopatry, 61 aucoma carotices, 1 ☐ Yes 2 ☐ No Trancrostiti Anemia 25. Wes casa referred to medical 26. Place of Deeth (Check only ona) exeminer? Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28e. Deta of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Dascribe how injury occurred 5 Pending 1 Neturel 1 Yas 2 No invastigation 2 Accident 3 Suicide 6 Could not be determined 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28a. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide

Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) and menner as stated.

Madical Examiner: On the basis of examinetion end/or invastigetion, in my opinion, death occurred et the time, dete end place, end due to the cause(s) end menner stated.

29c. License number

State Registrar

31. Dete filed (Month, Dey, Year) JUL 2 4 1996



30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

Library ...

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

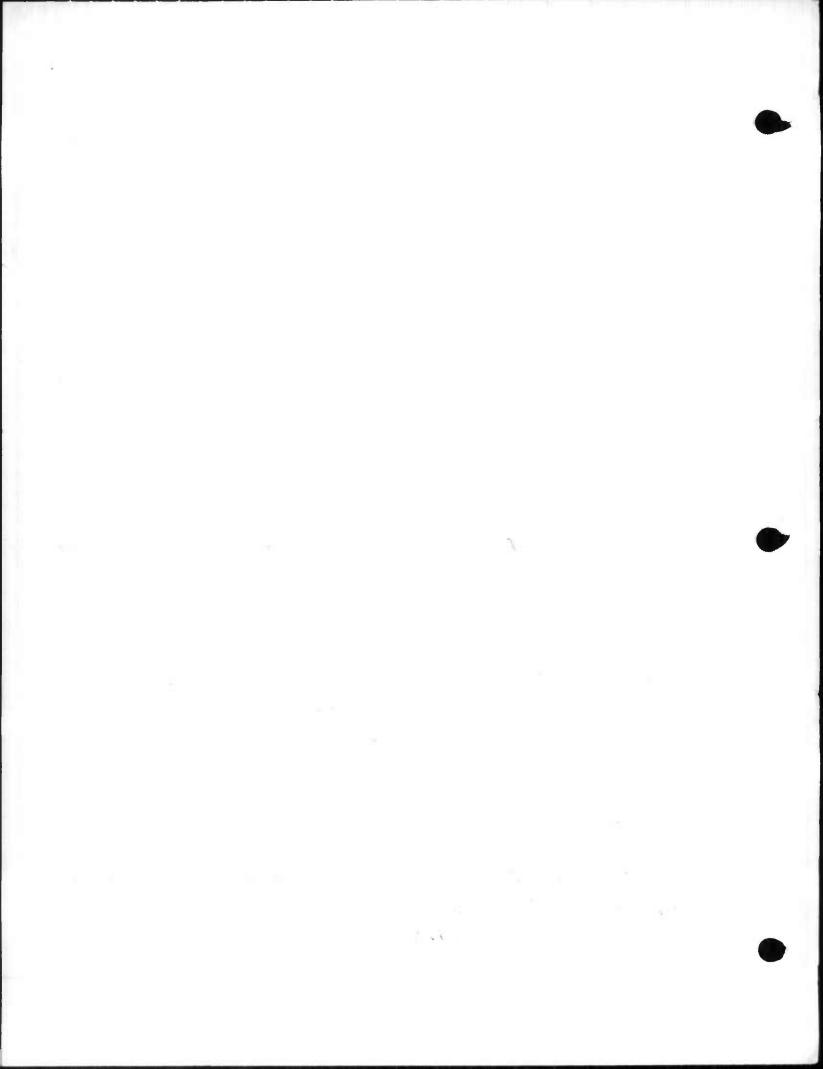
	La management and a					IOAI		DEA		MEG. NO			
	1. DECEDENT'S NAME (First,	R.	Uawl are							2. DATE OF DEATH DATE DATE DATE DATE DATE DATE DATE DATE	AY 1 0 0 0	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUME		Harlow 5. SEX	6 AGE (In vi	s. last birthday	IE IMPE	R 1 YEAR	IF UNDER	04 1400	July 15,	1996		8:00 P M
	264-82-646		1 M 2 F	93	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	1000	Country	PLACE (State or Foreign
	9a. FACILITY NAME (If not in			93		9h CIT	V TOWN	OR LOCATION	ON OF DE	June 16,		LIN OF DE	gland
<u>۳</u>	Aligis Reh			nter				ingto		AIN		itgome	
DIRECTOR	RESIDENCE OF DEC		acion oc	III CI			CH3.	Ingeo	111		1101	regome	Ely
2	10e. STATE	10b. COUNTY			10c. CI	TY, TOWN	OR LOCA	TION					10d. INSIDE CITY LIMITS?
	Maryland	Mont	gomery		Ke	ensin	gtor	1					VES 2 NO
Z.	10e. STREET AND NUMBER						10	, ZIP CODI			10g. CIT	IZEN OF W	HAT COUNTRY?
FUNERAL	3000 McComa	s Aven						2089				nited	States
교	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	YES 2	X NO		If yes, sp	ecify Cuba	n, Mexicer	IC ORIGIN? (Specify Years, Puerto Rican, etc.)	or No-	14, RACE Black,	- American Indian, White, etc.
BY	3XXWidowed 4 Divo		IF YES, GIVE W	AR OR DATES	3		1 TYES	2 X NO	Specify			Specify	White
<u>a</u>	15. DEC	EDENT'S EDUC	CATION	164	. DECEDENT'S	S USUAL O	CCUPATION	ON		16b, KIND OF BUS	SINESS/IN	DUSTRY	
H	(Specify onl) Elementary/Secondary (0	highest grade	College (1-4 or 5 -	.)	(Give kind of life. Do NOT i	work done use retired.)	during mo	st of working	ng	222.00.000			
AP.	12				Un	known	1			Unkr	nown		
COMPLETED	17. FATHER'S NAME (First, M.	iddle, Last)						18. MOTH	HER'S NAM	ME (First, Middle, Maiden	Sumame)		5/4/
BE	Richard H								ith	Harlow			
2	190, INFORMANT'S NAME (7)	- 44								loute Number, City or Tow		p Code)	
	Richard H		(Son)		102	2 2nd	Str	eet	Lew	es, Delawa		19958	
	20a. METHOD OF DISPOSITI	n 3 🗆 Remo	oval from State	20b. PLA cemetery	CEAND DATE	OF DISPOS	SITION (No	ame of		DATE 20c. LO			
	4 Donation 5 Other 21. SIGNATORE OF FUNERAL	(Specify)	ENGEE 14	Sou	thside					7/24 Ric	hmon	d, Vi	rginia
			W # W	1006	10	22.	NAME A	ND ADDRES	SS OF FAC	Joseph	BLIL	ey Fu	neral Home
_	Nowo	Mon	lause	21						P.O. Bo	x 62	67 Ri	chmond, VA
	23. PART i. Enter the di ahock, or he	seeses, or coart failure. L	omplications that list only one ceu	caused the	death. Do	not enter	the mo	de of dyl	ng, auch	as cardiac or respi	ratory ar	reat,	Approximata interval Batween
	IMMEDIATE CAUSE (Fin	al											Onset and Death
ļ	disease or condition	+ ,	ALZ	-HE11	IER :	5	DE	MEN	TIA				YKORS
			OUE TO	(OR AS A CO	NSEOUENCE (OF):							,
CERTIFICATION	Sequentially list conditi		DUE TO	OR AS A COR	NSEQUENCE (OF):							
\$	if any, leading to immed cause. Enter UNDERLYI	NG				,							
Ě	CAUSE (Disease or injuthat initiated events		OUE TO	(OR AS A COR	NSEQUENCE C	OF):							
區	resulting in death) LAS		l										
	PART II. Other aignifica	nt conditions	contributing to	death but n	ot resulting	in the ur	nderivin	Ceuse o	ilven in f	Part I. 24a, WAS AN	AUTOBOV	245	WERE AUTOPSY FINDINGS
MEDICAL	CACHEY							9 00000 9	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PERFOR	MED?		MAILABLE PRIOR TO COMPLETION OF CAUSE
		7	Carle	- AND		,	, ug			1 YE\$ 2	NO		OF DEATH?
- 1	DID TOBACCO U	SE CONTR	IBLITE TO CA	IISE OF D	EATH V	EC 🗍	NO.T	LINC	EDTAIN				1 PYES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO		IDOIL TO CA		LACE OF DEA			(OIAC	CKIAII				
SIC	EXAMINER?		HOSPITAL:	ER/Outpetien	n 3 □ DOA	OTHE	R:	6 0 00	aldana. 4	3 Other (Specify)			
主	27. MANNER OF DEATH		28s. OATE OF	INJURY	26b. TIR	AE OF	28c. INJ	URY AT	ercentes (28d. DESCRIBE HOW II	NJURY OC	CUREO	
ВУР		Pending nvestigation	(Month, De	sy. 16 <i>ar)</i>	N.	JURY M		RK? YES 2 [] NO				
	a Contact	Could not be	28a. PLACE Of	F INJURY — A	t home, farm,	street, faci	lory, offic			28f. LOCATION (Street a	nd Number	r or Rural Ro	ute Number,
COMPLETE	4 Homicide	latermined		atot (Opocity)						City or Town, State)			
<u> </u>	29a. CERTIFIER (Check only	FYINO PHYSIC	IAN: To the best of	my knowledge	, death occur	red at the t	lme, data	and place,	and due t	to the cause(s) and men	ner as sta	ted.	
8										lme, data and place, and			and manner as stated.
	29b. SIGNATURE AND TITLE		- 0						NSE NUMI				Month, Day, Year)
BE	Martin	- 82	and N					D	089	44		4	196
유	30. NAME AND ADORESS OF	PERSON WHO	CONFLETED CAUS	E OF DEATH	(ITEM 27) (Type	s, Print)		370	0 4	MIAL	0		
			MEGEL	MD				KE	41214	BTON M	7.00	089	5
	31, DATE FILED (Month, Day, 1		39 REGISTRA	NELSONATUS	1.0					,			
- 10	JUL 24	DEEL	Francia will	WASHING MA	-								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 75 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68769

BALTIMORE, MARYLAND 21215-0020



Physician /Medicai Examiner

The lew requires that the death certificate be asscuted

Division of Vital Records, P.O. Box 68760.

Physician

/Medicai

Examiner

Director MD

Funeral

P

Completed

Be

Funeral

Director

7 is marked other than "natursi", or items 23a or 28a-f shov traumatic event, the Medical Examinar must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental hygiene.
Important: If Item 27 is marked other than "naturel", or fee any injury or other treumetic event, the Medical Examina

the Manyland Show

with

death

Maryland 21215-0020

Saltimore,

I Director: A

certificete

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After t

Hospital or Attending Physician:

death.

To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by

Examiner Physician/Medicai Completed by Be Certification: To 29a. Certifier Medicai

Other: 4 Nursing Homa 5 Residence 6 Other (Specify)

1 ☐ Yes 2 No 27. Manner of Deeth

1 Accident 5 Pending Investigation

6 Could not be determined

1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28c. Injury et Work? 1 ☐ Yes 2 ☐ No

28d. Describe how injury occurred

28f. Location (Street end Number or Rural Routa Number, City or Town, Stete)

(Check only

3 ☐ Suicide

4 \ Homiclde

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the ceuse(s) and manner es steted.
2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, dete and place, end due to the ceuse(s) and manner stated. 29c. License number

29b. Signature end title of certifier Keth anong, MI

29d. Date signed (Month, Dey, Year)

30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print)

4300 Gallant fox la. #222 Bowie Md. 20715

State Registrar 31. Dete filed (Month, Dey, Yeer)

JUL 2 2 1996



Sound ydfawall

The second was sense.

MALL HOLLS

La Harry H.

11. 2 2 1939 Jui Madandaria

State of Maryland / Department of Health and Mental Hygiene 24119 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2 Data of Death **Physician** Month Eugene Elvin Holloway /Medical 4a. Facility Nama (If not institution, giva straet and number) 4b. City, Town, or Location of Death Examiner 4c. County of Deet! Golden Oaks Convalescent Center Prince George's Laurel If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Sacurity Number 6 Sax If Undar 1 Yaar 7. Aga (In vrs. lest birthday) Birthpiaca (Stata or Foreign Country) **Funeral** 1⊠M 2□ F Months Days 579-40-4378 64 Yrs. Director 1932 Washington, DC April 8, Usual Rasidance of Dacadant death with the Maryland r 28a-f show 10b. County 10c, City, Town or Location 10d. Insida City Limits Director 1 Yes 2 □ No Prince George's Hyattsville 10e. Street end Number 10f. Zip Coda 10g. Citizan of What Country? natural, or items 23a or 5004 Crittenden Street 20781 Funeral U.S.A. 12. Was Dacedent Evar in U,S. Armed Forces? 11 Maritai Status Was Decedant of Hispanic Origin? (Specify Yes or No if Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - American Indien, Black, Whita, atc. Pages 1 and 2 should be filed within 72 hours after ment of Health and Mental Hygiene.
Intel filem 27 is marked other than "natural", or ite may or other traumatte event, the Moderal Entiries any or other traumatte event, the Moderal Entiries. ∑Yes 2 No f Yes, Giva 1 Navar Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Spacify: Specify: White by 3 Widowad 4 Divorcad Yaar or Datas: Korean Completed Decedent's Usual Occupation
 (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedant's Education (Specify only highast grade complated) 16b. Kind of Businass/Industry Eiamentary/Sacondery (0-12) Collega (1-4or 5+) 12 Machinist Private Industry 17. Fathar's Name (First, Middle, Last) Be 18. Mothar's Nama (First, Middla, Maidan Sumama) Reed David Holloway Emma Crismond 0 19a. Informant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Routa Number, City or Town, Stata, Zip Coda) 401 Montgomery Street, #2, Laurel, Maryland 20707 Robert Hopkins / Son 20a Mathod of Disposition 20b Place of Disposition (Nema of Data 20c. Location - City or Town, Stata Department of h Important: If ite any injury or of camatary, crematory or othar place) 1 ☑ Buriai 2 ☐ Cramation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Othar (Specify) MD State Veterans Cem. 7/22/1996 Cheltenham, Maryland Funeral Service License 22. Name end Addrass of Facility Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue, Hyattsville, MD 20781 23a. Part. Enter the triggast, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory arrast, shock, or heart falleria. List only one cause on each line. Approximete Intarval Between Onsat end Death Physician cancer with Metastatic Spread tmmediete Cause (Finei disaasa or condition resulting in death) /Medical Examiner or Attending Physicien: The law requires that the death certificate be executed after death.

Director: After this certificate has been signed by the attending physician and Sequantially list conditions, if any, laeding to immediata causa. Enter Undarlying Causa (Disaase or injury **burial-tran** Due to (or as a consequance of): Division of Vital Records, P.O. Box 68760, Physician/Medicai the that initiated avants rasulting in death) Last Dua to (or as a consequence of) for use a detached Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 8 Completed 24b. Wara eutopsy findings availebia prior to completion of cause of deeth? 24a. Was an autopsy parformed? 1 Yes 1 ☐ Yas 2 No 2 No director, 25. Was case refarred to medical axaminer? Be 26. Pleca of Death (Check only ona) 1 Yas 2 No Other: 4 Nursing Home 5 Rasidance 6 Other (Specify) Hospital Certification: To 1 ☐ inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 27. Mannar of Death 28b. Tima of Injury 28d. Describe how injury occurred 5 Panding invastigation 1 Natural 2 Accident 1 Yas 2 No the 6 Could not be datarmined 3 Suicida 28a. Piace of Injury - At homa, farm, streat, factory, office building, atc. (Spacify) à 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicide To the Hospital owithin 24 hours a To the Funeral D 1 Certifying Physician: To the best of my knowledge, daath occurred at tha tima, data and placa, and dua to tha causa(s) and manner as stated.
2 Medical Examinar: On the basis of axamination and/or invastigation, in my opinion, daath occurred at tha time, date and place, end dua to tha cause(s) and mennar stated. 29e. Cartifiei Medical (Check only 29b. Signature and titleyof certific 29c. Licensa number 0 25430 29d. Dete signed (Month, Dey, Year) an med cause of daath (Itam 23a) (Type, Print)
15, MO 14333 Laurel-Buwe Rd #307 Margolis, MO

DHMH 16 Rev 6/95

State Registrar

31. Date filed (Month, Dey, Year)

Registrer's Signatu

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State of Maryland / Department of Health and Mental Hygiene 96 24010

						Ce	rtificate d	of Deat	h		Reg. No.		
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	Physic /Medi		MABEL LO	OUISE	HILL					Month J	114 Day	Year /446	11:50 fm
); -	Exami		4a. Facility Name (If not institution	on, give street end n	iumber)			4b. City,	Town, or L	ocation of Deal	-		
			HOLY CROSS	S HOSPIT	AL			Sil	ver	Spring	Mon	tgome	erv
	Funeral		5. Social Security Number	6. Sex	7. Age (In	yrs. last birthday,	If Under 1 Yo	ear If Und	er 24 Hrs.			-	ece (Stete or Foreign
-	Director		577-20-6253	1□M 2⁄□F	78	Yrs.	Months Da	ys Hour	B Min.	2-22	2-1.8		h. D.C.
	D		Usual Residence of Decedent										
	nylar show		10a. State 10b. County	1	10	c. City, Town or L	ocation					10	d. Inside City Limits
	Me Ma	cto	MD Monte	gomery		Takoma	a Park						1 XYes 2 No
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	th w	Funeral Director	7600 Maple	Avenue #	1506		209	912			U.S	.A.	
	aeb E	ner	11. Maritel Status	12. Was De Armed F	cedent Ever	in U,S. 13.	Was Decedent If Yes, specify (of Hispanic	Origin? (Sp	pecity Yes or No	0- 14. Ra	ce - America	
0	or it		1 Never Married 2 Mai	ried 1 Yes	2 No		1 Tes 2			or mount, orony			
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21215-0020	within 72 hours after death with the Maryland ene. than "natural", or flems 23a or 28a-1 show he Medical Examiner must be noticed at	Completed	15. Deceder	nt'a Education est grade completed	d)	16a. Dece	edent's Usual Oc s kind of work do DO NOT use re	cupation	ost of wor	kina	16b. Kind of B	usiness/Indi	ustry
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	CHNL		Toya Hill (Jreen			Maple		nue				ck, MD
0			20a. Method of Disposition Disposition □ Burial 2 □ Cremation	3 □Removal from		Ob. Place of Dispo cemetery, cre	emetory or other	plece)	į	Dete	20c. Location	- City or Tov	vn, State
Ë	men ment:		4 Donation 5 Other (S	Specify)	10	Harmony	Mem.	Park	1	7/24/9	6 Lan	dover	MD .
Baltimore,	permit. Pages Department of Important: If It any Injury or once.		21. Signature of Funeral Strvice	Licensee US	lu-	2	2. Name end Ad	Idress of Fa	cility	Funona	1 Home		
ш	205 2 9		William (). Ables	;		621 F1				_		D.C
2			23a. Part1. Enter the disease, o ahock, or heart failure. Lis	r complications that	caused the	death. Do not en	iter the mode of	dying, such	as cardiac	or respiratory	arrest,	1	Approximate Interval Between
3	Physician		arrow, or mour randro. Ele	comy one oddoo on	ouon mo.	Λ.							Onset and Death
	/Medical		Immediate Cauae (Final disease or condition	(0	erdib	Kulmon	ary A	YYOS	-			1	Holden
п	Examiner		resulting In death)	a	Due	to (or as a conse	quence of):		·			-	Just Cary
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	ficate be executed physician and is the burial-transit	me	Sequentially list conditions,	C 0.		to (or as a conse	quence of):			-		1	
68760,	ertificate be executing physician and se as the burial-trans	Ē	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	- De	hydr	ation						1	week
87	sate t	edicai	that initiated events resulting in death) Last		Due	to (or es e consec	quence of):						
×		Me		15e	psis								week
Bo	hat the death cert ed by the attendin detached for use	lan			1							i	
0	that the death c ed by the attend detached for us	Completed by Physician	Part II. Other significant condition	ons contributing to	death but no	t resulting in the u	underlying cause	given In Pa	rt I.	23b. Dld	tobacco use co	ontribute to	the cause of death?
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0	requires been sign should be	ted	-Stroke								an autopsy omed?	ava	re autopsy findings llable prior to
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7	5 00 0	2	1 Yes 2 No	Hospital:	Inpatient	2 ER/Outpatie	nt 3 DOA	Other: 4	Nursing H	ome 5 Res	idence 8 🗆 Oti	ner (Specify))
ם	fing Ph h. After th funeral		27. Manner of Death 1 ☑ Natural 5 ☐ Pendii	28a. Date (Mo	e of Injury onth, Day Yes	ar) 28b. Time o	of 28c. I	njury at Work?		28d. Describe	how injury occu	rred	1000
Division	endil eath. or: A	Certification:	2 Accident investi	igation			М	I ☐ Yes 2	□No				101
ž	r Att	Ě	3 ☐ Sulcide 6 ☐ Could 4 ☐ Homicide determ	nined 288. Plac	a of Injury -	At home, farm, st	reet, factory, off	ce			(Street end Num wn, State)	ber or Rural	Route Number,
Ω	teal of rate o	0											
)	To the Hospital or Attending F within 24 hours after death. To the Funeral Director: After completely filled in by the funer	edical	(Check only 2 Medical	ng Physician: To the Examiner: On the	basis of exa	knowledge, deat mination and/or in	h occurred at the	e time, date ny opinion, d	and place,	and due to the	cause(s) and m	anner as sta	ated. the cause(s)
	the the	Med	one) 29b. Signeture end title of certifie	and ma	nner steted.								
	FIE 8		250. Signature entryline or centile	**			29C. LIC	ense numbe	77.		29d. Dete signe	d (Month, D	roy, rear)
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	0		The GUYTH	My 980	1 6.	eorgia A	ve A	220	SIL	ier	Skring	, m	
	Sta	_	31. Date filed (Month, Dey, Year)	1000	Hegistrer's S	Signature West Ravia	11						
	Registr	al .	JUL 23	1220 /	PA PUILL	WEEK PLANTER	~						

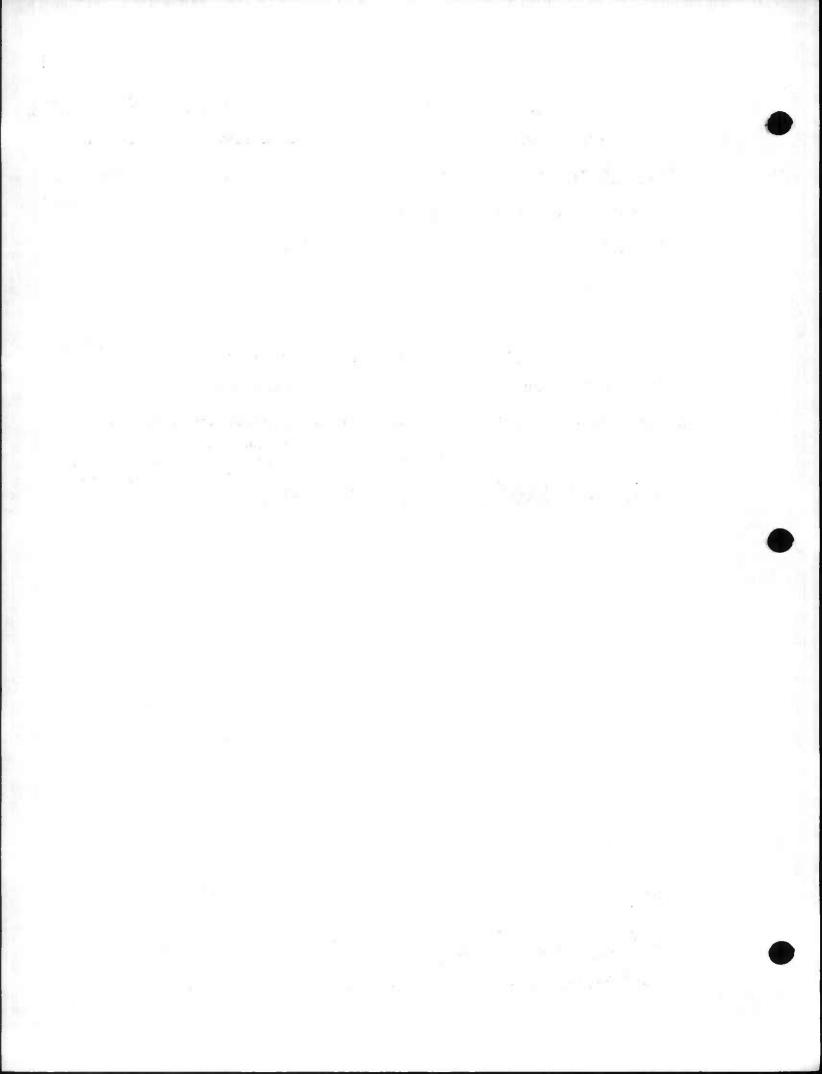
State of Maryland / Department of Health and Mental Hygiene Q

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** Jones Donald Lynn Jul 1/2 /Medical 8:30AM 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 120 Charity Lane Queenstown Queen Anne's 5. Sociei Security Number 7. Age (In yrs. lest birthdey) If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) **Funeral** xx^M 2□ F Months Deys Hours 43 216-64-6731 Yrs. Director Dec.26.1952 Maryland Usual Residence of Decedent the Maryland 10a State 10h County 10c. City, Town or Location 7 is marked other than "naturat", or items 23s or 28a-f show traumatic event, the Medical Examiner must be numbed at 10d. inside City Limits Queen Anne's Maryland Oueenstown Director 1 ☐ Yes 2 ☐ No 10e. Street end Number 10f. Zin Code 10g. Citizen of What Country? 120 Charity Lane 21658 U.S.A. deeth v Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 24☑ No If Yes, Give* Yeer or Detes: 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 11. Meritel Status permit. Pages 1 and 2 should be filed within 72 hours after to Department of Heelth and Mental Hyglene. Important: If item 27 is marked other than "natural", or item any injury or other traument. 1 ☐ Never Merried 2 ☑ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2€No Specify: Specify: White à 3 ☐ Widowed 4 ☐ Divorced Completed Decedent's Usuel Occupetion
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Westinghouse Quality Control Analyst 12 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Surneme) Be Pierson C. Jones Sarah Gatling 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) P.O. Box 34, Queenstown, Md. 21658 LaDonna Jones (Wife) July8,1996 20e. Method of Disposition 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete Duniel 2 Cremetion 3 Removel from Stete 4 Donetion 5 Other (Specify) Woodlawn Memorial Park Easton, Md. 21. Signeture of Funerel Service Licensee 22. Name end Address of Fecility Fellows, Helfenbein & Newnam Funeral HOme, P.A. 23a. Pent 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximate interval Between Onset end Deeth Physician Immediate Cause (Final disease or condition resulting in deeth) /Medical MMELYAZ Examiner ettending physician and I for use as the buriel-transit The lew requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequenca of): Records, P.O. Box 68760, Physician/Medical Due to (or es e consequenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown nesson by 8 Completed 24b. Were autopsy findings aveileble prior to completion of cause of death? 24e. Wes an autopsy performed? certificate 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital To the Hospitat or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifica completely filled in by the funeral director, it Be 25. Wes çase referred to medicai 26. Piece of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ¥Yes 2 No Certification: To 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28d. Describe how injury occurred 28b. Time of 5 Pending Investigation 1 Neturei 1 Yes 2 No 2 Accident 3 Sulcide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) [2c Charty have 4 THomicide car Queenstown, MD2165 Medical 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) and manner es stated.

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred et the time, date end piece, end due to the cause(s) end menner stated. 29b. Signature and title of cartifier 29c. License number 29d. Date signed (Month, Dey, Year) 205754 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) Ralph E Libbynt Mr D Road Grasonville, Md. 21638 31. Dete filed (Month, Dey, Year) 32. Registrar's Signature State JUL-- 3 1996 Julia Davidson-Randale Registrar

DHMH 16 Bay 6/95



Physic /Med Exami

Funeral Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglane. Important: if Item 27 is marked other than "natural", or items 23s or 28s-1 show any injury or other traumatic event, the Wednest Examines invest be notified at once.

Physician /Medicai Examiner

Baltimore, Maryland 21215-0020

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

	State of Maryland		nt of Health and te of Death	Mental Hygie	70	24012
1. Decedant's Nama (First, Middle, Las	t)			2. Data of Death		3. Tima of Death
MAQUAN 4a. Facility Nama (If not institution, give	J street and number)	JONES	4b. City, Town, o	Month JULY 17 r Location of Death	Pay Year 1996 4c. County of Deat	2304PM
1005 BROOKE RO	AD		CAPITO	I HEIGHTS	The state of	GEORGES
5. Social Sacurity Number 6. Se		st birthday) If Unda Yrs. Months	r 1 Yaar If Under 24 Hr	s. 8. Data of Birth	9. Bin Co 1978 Was	hpiace (Stata or Foreign untry) h., D.C.
10a. Stata 10b, County	10c. City.	Town or Location				10d. Inside City Limits
MD Prince G		tol Height				Yas 2 No
FOO O			Coda		Citizan of What Co	untry?
538 Opus Ave.		207		4	.S.A.	
MD Prince G 10e. Street and Number 538 Opus Ave. 11. Marital Status 1 Navar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedant Ever in U,S. Armed Forcas? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas:		dent of Hispanlc Orlgin? (cify Cuban, Maxican, Pua 2 □xNo Specify:	Specify Yes or No- rto Rican, atc.)	14. Race - Ame Biack, White Specify: B	
15. Decedant's Edu	icetion	16a. Decedent's Usu	al Occupation	166	. Kind of Businass/	Industry
15. Decedant's Ed. (Specify only highast gred Elementary/Secondary (0-12)	Collega (1-4or 5+)	life. DO NOT u Barber	al Occupation ork dona during most of wi sa retired)		vt. Indus	try
17. Father's Name (First, Middle, Last)			18. Mothar's Na	ame (First, Middla, Maid	dan Sumame)	7
Michael J. Jones			Veronic	a Emerson		
19a. Informant's Name/Raiationship (7) Veronica Jones, Mc			S (Street end Number or F Ave., Capit	Rural Routa Number, Ci	ity or Town, State, 2	
20a. Mathod of Disposition 1 □XBuriai 2 □ Cramation 3 □F 4 □ Donation 5 □ Other (Spacify)	iamovai mom Stata	ce of Disposition (Nametary, cramatory or co		Data 200	Location - City or	
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	Due to (or a	as a consequance of):			10.00	
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				24a. Was an au performed	? a	Vara autopsy findings vailable prior to compiation of cause of daath?
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27. Manner of Death 1 □ Neturel 5 □ Panding 2 → Accident invastigetion	28a. Date of Injury (Month, Dey Year)	Bb. Time of Injury	8c. Injury at Work? 1 ☐ Yas 2 ☑ No	28d. Dascribe how la	njury occurred	Aus colis
3 Sulcida 6 Could not be daterminad	28a. Place of Injury - At home building, atc. (Spacify)	a. farm. straat, factors		28f. Location (Street City or Town, St	and Number or Ru	
29a. Cartifiar 1 Cartifying Physic (Check only one) 2 Medical Examination	ician: To the best of my knowla nar: On the basis of axaminetion and mannar steted.	idga, daath occurred	at the tima, data and place In my opinion, daath occ	and due to the cause	(s) and manner ac	stated. to the cause(s)
29b. Signature and title of certifier	and maintai stoted.		. Licensa number			
>	n LL	290	O.C.M.E.		Date signed (Month	
30. Nama and eddress of person who co	mpleted cause of daeth (item 2)	3a) (Type, Print)				+ / / /
David Fowler, M	.D. 1	11 Penn	Street, B	altimore,	Maryla	nd 21201

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To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit

Division of Vital Records, P.O. Box 68760,

State Registrar David Fowler, M.D.

31. Data filed (Month, Dey, Year)

JUL 25 1996

32. Registrar's Signatura

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State of Maryland / Department of Health and Mental Hygiene

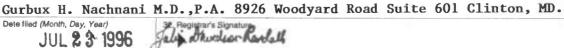
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				Otate of Ivial	ylalı				Death		Reg. No.	96	24013
	Physici /Medic		Decedent's Nama (First, Middla, La NANCY			JAC	CKSON	Į.		2. Data of De		Yaar	3. Time of Death 15:33 PM
	Examin	er	4a. Facility Nama (If not institution, given 5623 REGENCY PA)		3				4b. City, Town, o	r Location of Deat		y of Death	ORGE
1	Funeral Director		5. Social Sacurity Number 6. S			lasi birthday) Yrs.	If Unda Months	r 1 Year Days		rs. 8. Data of Bir	th Y 1966	9. Birthp	laca (Stata or Foraigi
0/2	pud *		Usual Rasidance of Dacedant 10a. Stata 10b. County	1	Oc. City	v. Town or Loc	eation						Od toolds City Limits
0/2	he Meryle Sa-f sho	ector	Maryland Prince		00. Oil		linto		Maryland	l			0d. Inside City Limits 1X Yes 2 □ No
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020	permit. Pages 1 and 2 should be filed within 72 hours effer death with the Meryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Exercipes must be notified at other.	by Funeral Director	11. Marital Status 1 → Nevar Married 2 → Married 3 → Widowed 4 → Divorced	12. Was Decedant Ev Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Dates:	ar in U,				dispanic Origin? an, Maxican, Put Specify:	(Specify Yas or No arto Rican, atc.)		ica - Amaric ack, Whita,	atc.
Baltimore, Maryland 21215-0020	d within 72 ho giene. r than "natur the Medical	Completed	15. Decedant's Et (Specify only highast gra Elamantary/Secondary (0-12)	ducation ida com <i>pleted)</i> College (1-4or 5+)		16a. Deceda (Giva k lifa. D COI	ant's Usu kind of wo OO NOT u	al Occup ork dona sa retire er T	oatlon during most of w d) echnicia	rorking _. A n	16b. Kind of E		dustry
land	uld be filed Aental Hygrked otheric event,	To Be C	17. Fathar's Nama (First, Middla, Last) Georges L. Jac							ama (First, Middla William		ma)	
Mary	nd 2 sho aith and N 27 Is ma r trauma		19a. Informant's Name/Ralationship (Lois J. Jackson/							Rural Routa Numb			
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Balti	permit. P Departm Importar any injur		21. Signature of Femeral Service Coer		1					Funeral ce Forest		MD 3	0747
*	Physician /Medical Examiner	-	23a Part 1. Enter the disease, or comshock, or heart feilure. List only Immediate Causa (Final disease or condition rasulting in death)			n. Do not enta	r tha mod	da of dyi		ac or raspiratory a			Approximata Interval Between Onsal and Death
ox 68760,	eath certificate be executed attending physician and for use as the burial-transit	n/Medical Examiner	Sequantially list conditions, if any, laading to immediata causa. Entar Undarlying Ceuse (Disease or Injury that initiated events rasulting in daath) Lest	C.	a to (or	r as a consequ	enca of)	pu	Fry			1	
Division of Vital Records, P.O. Box	The lew requires that the death cer ate has been signed by the attendir page 2 should be deteched for use	y Physician/N	Pert II. Other significant conditions of	ontributing to death but r	not resu	ulting in tha un	darlying (ause gh	van in Part I.				the cause of death'
ecords	e lew requires has been sign ge 2 should be	Completed by									an eutopsy omed?	COI	ara eutopsy findings ellable prior to mplation of causa death?
<u> </u>	ystcien: The last certificate he director, page									10	Yas 2∏ No	10]Yas 2√ No
<u> </u>	delan: The certificate rector, pag	Be	25. Was casa refarred to medical axaminer?	Hospital:				Ott	nor:	eath (Check only			
on of	To the Hospital or Attending Physicien: within 24 hours after death. To the Funeral Director: After this certific, gampietely filled in by the funeral director,	stion: To	27. Mannar of Death 1 Neturel 5 Panding 2 Accident investigation	28a. Data of Injury (Month, Day Y		ER/Outpatient 28b. Tima of Injury		28c. Inju	4 LI Nursing	Homa 5 ☐ Rasi 28d. Dascribe	dance 6 10th		y)
Divisi	the Hospital or Attending Physin 24 hours after death. The Funeral Director: After this incletely filled in by the funeral director.	Certification:	3 Suicida 6 Could not be datermined		- At ho Specify	oma, farm, stra	at, factor	y, offica		281. Location (City or To	Straat and Num wn, Stata)	ber or Rura	I Routa Number,
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	(2)		. Noun-					D-3	8388		7/12	196	

State Registrar

31. Dete filed (Month, Day, Year) JUL 2 3 1996

30. Name and eddrass of person who complated causa of death (Itam 23a) (Type, Print)



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State of Maryland / Department of Health and Mental Hygiene 96

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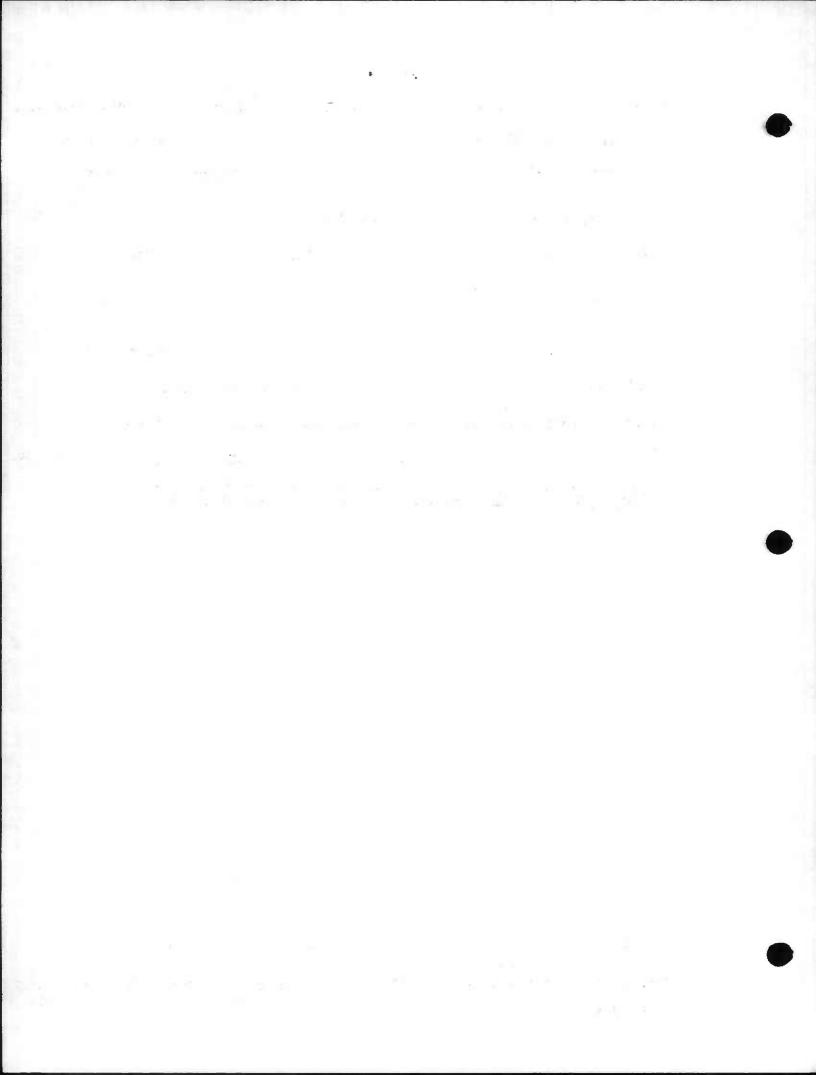
					(Cert	ificate of	Death		F	Reg. No.		
			Decedant's Name (First, Middla, La.	st)						2. Data of Dea Month		Vana	3. Time of Death
	Physic /Medi		DAVID LEE	JONES						July	19	1996	12:05am
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	Funeral		Social Security Number 6. S	ex 7. Aga	(in yrs. last birtl	hdey)	If Under 1 Yeer Months Days	If Under 2	24 Hrs. Min.	8. Data of Birti (Month, Day		-	iaca (Stata or Foreign try)
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Baltimore,	permit. Pages in Department of Himportant: if the any injury or ot once.		21. Signature of Funeral Service Lican	O Mou		H:	Nama and Addra all Bro	ther	s Fi	neral	Home		
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			William O. 23a. Pert1. Enter the disease, or compshock, or heart failure. List only	olications that caused tona cause on each line	tha daeth. Do n	ot antar	tha moda of dyli	ng, such as	cardiac or	respiratory ar	rast,		Approximata Intarval Between
	Physician												Onsat and Deeth
	/Medical Examiner		Immedieta Causa (Final disease or condition	Athe	rozcle	rut	ic Car	diov	asc	ular D	isease	-	
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o.	lew requires thet the death as been signed by the atter 2 should be datached for r	Physician	Part il. Other significant conditions co	ontributing to death but	not resulting In	tha und	darlying causa giv	an in Part t.		23b. Dld t	obacco uss	ontributs to	the causs of death?
P.0	het the		Parkinson's	Diseas	C					101	Yes 2 No	3 Prof	bebly 4 Unknown
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Ö	v raquire been si should I	Completed	Dysphagi	4							an autopsy med?	av	ere autopsy findings aliable prior to mpletion of cause
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Sic	death. ctor: Al	cat	2 Accidant invastigation 3 Sulcida 6 Could not be					Yes 2 1					
Division	or Attending after death. Director: After In by the fune	ŧ	4 Homicida datermined	28a. Place of Injur building, atc.	ry - At homa, fan <i>(Specify)</i>	m, strae	at, factory, office		2	City or Tow	Straat and Nur vn, Stata)	nber or Hura	I Route Number,
	oral brail												
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edical	29a. Cartifier (Check only one) 1 Certifying Physics 2 Medicat Example 1	ysician: To the best of niner: On the basis of s	examination and	daath d Vor inva	occurred at tha tile stigation, in my o	me, deta and pinion, deat	place, ai h occurre	nd dua to tha d d at tha tima, d	causa(s) and i data and place	mannar as si e, and dua to	ated. tha cause(s)
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	()		30. Name and address of person who of George C. Ha	completed causa of dar	ath (Item 23a) (1	Type, Pr	rint)	1 210	d	anha	A M	0 2	0706
			31. Deta filed (Month, Day, Year)	32 Panistra	's Signatures	, , ,	LOIDC.	. 126	****		- "	4	
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			00- m 0 100	- 07									

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Registrar

30. Nema end eddress of person who completed gause of deeth (Item 23a) (Type, Print)

Dr. A. Sergio Cassanego



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

21.010

						Certific	ate of	Death		Reg. No.	20	24010
			1. Decedent's Neme (First, Middle, L	est)					2. Dete of De	eth	14	3. Time of Deeth
	Physic /Medi			Paul	Jose	ph Kings	ston		July 23	Dey 3. 1996	Yeer	7:15AM
Ì	Examir		4e. Fecility Neme (If not institution, gr		0030	pii King,	SCOII	4b. City, Town, or I			of Deeth	/ .IJAN
			6400 Kipling Par	kway				District	Heighte	Prince		rao's
	Funeral	т		Sex 7. Ag	e (In yrs.		ider 1 Year	r if Under 24 Hrs.	8. Date of Birl	th	1	
	Director		069-18-0570 Usuel Residence of Dacedent	XXM 2□ F 7	3	Yrs. Mont	hs Deys	Hours Min.	(Month, De 2/19/2			plece (State or Foreign htry) alo, N.Y.
	land w		10a. State 10b. County		10c. Cit	y, Town or Location					T	I Od. Inside City Limits
	Many fish	ğ	Maryland Prince G	eorge's	Dis	trict Heig	ghts					1X Yes 2 □ No
	the rect	Director	10e. Street end Number				Zip Code			10g. Citizen of	What Cour	ntov?
	With So of		6400 Vinling Dom	1			0747			USA	***************************************	my i
	leath 2	Funeral	6400 Kipling Par	12. Was Decedent I	ver in U			Hispanic Origin? (Si	necify Ves or No.		ce - Americ	an Indian
	ther her	F	1 Never Married 2 Married	Armed Forces? 1 XYes 2 □ N		If Yes,	specify Cut	Hispenic Origin? (Sp ban, Mexican, Puert	Rican, etc.)	Bla	ck, White,	
22	irs e	by	3√CXWidowed 4 □ Divorced	If Yas, Give Yeer or Detes:		1 □ Ye	s 2XXNo	Specify:		Specif	Whit	0
Maryland 21215-0020	be filed within 72 hours efter death with the Maryland rial Hygiene. d other than "netural", or flems 23a or 28a-f show event, the Medical Examiner must be nothing at		15. Dacedent's E		*****	16e. Decedent's L	Jsuel Occu	petion		16b. Kind of B		
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7	filed with Hygiene. other than	E	Elamantery/Secondary (0-12)	College (1-4or 5	+)	Manager				Auto Bo	odv S	hop
9	office of the	BeC	17. Fether's Neme (First, Middla, Las	1)		0		18. Mother's Nem	ne (First, Middle,		-	r
Ö	ld be ked ic ev	To B	Edmund Francis Ki	ngston				Mary Th	eresa He	enn		
a 2	should I and Men marked	-	19a. Informent's Name/Relationship			19b. Mailing Addr	ess (Straa	t and Numbar or Ru	ral Route Numbe	er, City or Town.	Stete. Ziz	Code)
	OI O O W		Mary Jane Posey	- Daughter							, , ,	
galtimore,	F Health tem 27		20e. Method of Disposition		20b. P	same as lece of Disposition (emetery, cremetory	Nema of	10	Date	20c. Location	- City or To	own, Stete
5	age ant o t: If I		1 N Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Speci	Removel from State	Les	kemont Mer	orothar pla noria	1 Gardens	7-26-	Davidson		
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ſ,	Examiner		Immedieta Cause (Final disease or condition rasulting in deeth)	e. RESPIRA	TORY	FAILURE						
Ų,		ner	resulting in section			TRUCTIVE		NARY DISE	ASF			
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X O O	endir r use	₽		d							<u> </u>	
	w requires that the death certifi been signed by the attending should be detached for use as	Physician/	Part II. Other significant conditions	contributing to death bu	t not rasu	ilting in the undarivin	a ceuse ai	ven in Pert I.	23b. Did t	obacco use co	ntribute to	the cause of death?
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5	or A after Direction b	뒫	4 ☐ Homicide datarmined	building, etc.	(Specify)	ory, onice		City or Tow	n, Stete)	er or nura	noute Number,
-	ours ours meral filled		29e. Cartifier 1X K CertifyIng Ph	iffier XXCertifying Physician: To tha best of my knowledga, deeth occurred at the tima, data and place, end due to the causa(s) and mennar a								
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	o the	Ž.	29b. Signeture end title of certifier	5.15 (110111161 5161	-u.		29c. Licens	se number		29d. Date signe	d (Month	Dev. Yeer)
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1	1/		our reside end educess of helsoft Milo	Completed cansa of 06	atti (item	zoa) (Typa, Print)						

SOK YI, M.D., VA MEDICAL CENTER, 50 IRVING STREET, NW, WASHINGTON, DC 20422

Dete filed (Month, Dey, Year) 32. Registrer's Signature

DHMH 16 Rev 6/95

State Registrar

31. Dete filed (Month, Dey, Year)
JUL 24. 1996

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month 17, 1996 6:16 P.M. Kelly July 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth

Landover

Prince George's

20011

Physician /Medical **Examiner**

Starks

7888 Sheriff Road

Funeral Director the Marviand

r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at with death at Hygiene. traumstic evant. permit, Pages 1 and 2 should be fit Department of Health and Mental Hy important; If Nem 27 is marked oths any Injury or other Preserved.

Saltimore, Maryland 21215-0020

sician and burial-transit physician a Box 68760. P.O. ed by the a signed by t d be detach Records. has Division of Vital this funeral After

Physician /Medical Examiner Examiner Physician/Medical by Completed 2 Certification: if or Attending after death. Director: Aft 24 hours a Funeral D edical To the Within 2

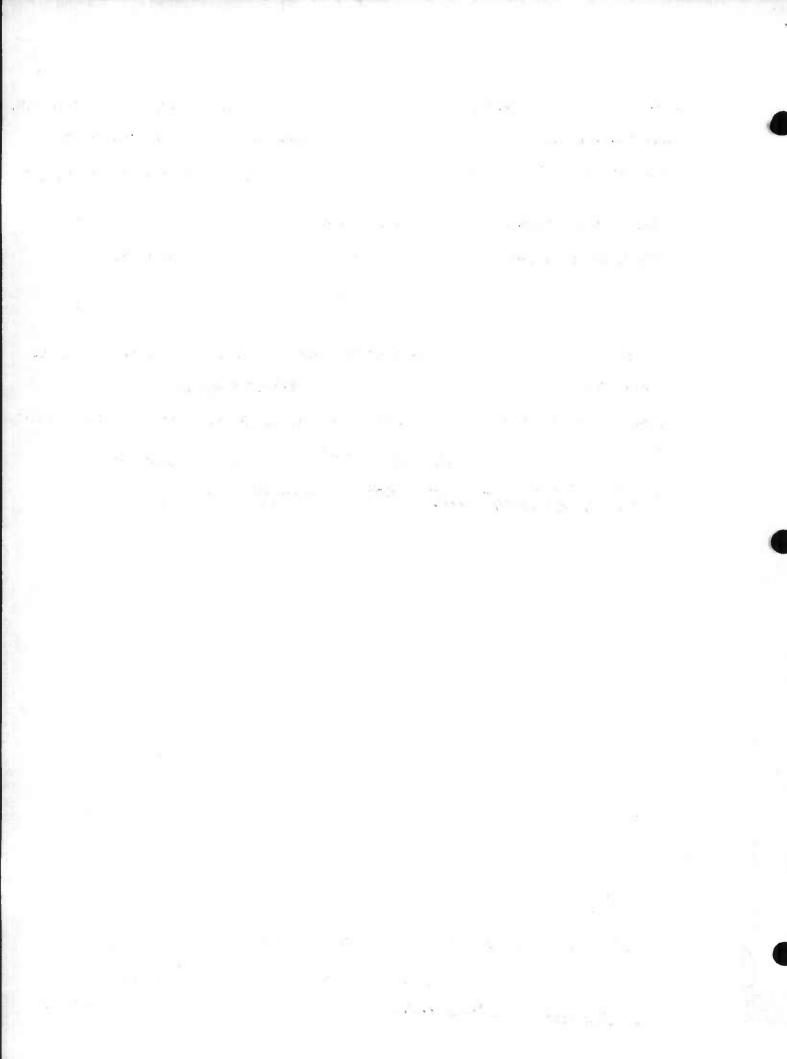
5. Sociei Security Number If Under 1 Yeer If Under 24 Hrs. 7. Age (In yrs. last birthdey) 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) 1⊠M 2□F Months Deys Hours 578-01-9944 98 April 15, 1898 Spartanburg, SC Usual Residence of Decedent 10b. County 10c. City. Town or Location 10d. Inside City Limits Director 1 X Yes 2 □ No Washington District of Columbia 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 20011 United States 718 Nicholson Street, N. W. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 232 No If Yes, Give Yeer or Detes: 14. Rece - American Indien, Bleck, White, etc. Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritel Stetus 1 Never Married 2 Merried 1 ☐ Yes 2 X No Specify: Specify þ 3 Widowed 4 □ Divorced Black Completed 16e. Decedent's Usuei Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Bualness/Industry Elementery/Secondery (0-12) College (1-4or 5+) Private - Bus Co. Retired Maintenance Worker 6 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumame) Be Thomas Kelly Hattie McWhirter 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 718 Nicholson Street, N. W., Washington, D.C. Robert L. Kelly - Son 20b. Piece of Disposition (Neme of cemetery, crematory or other piece Maryland National Memorial Park 20e. Method of Disposition 20c. Location - City or Town, Stete 1 X Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) 7/23/96 Laurel, MD 21. Signeture of Funeral Service Licenses 22. Neme end Address of Fecility STEWART FUNERAL HOME, Inc. 4001 Benning Road, N. E., Washington, D. C. ht1. Enter the disease, or complications that caus nock, or heart feilure. List only one ceuse on each et caused the deeth. Do not enter the mode of dying, such es cardiec or respiratory arreat, on each line. Approximate Interval Between Onset and Deeth Immediete Ceuse (Finel askio nujulul un seluote diseese or condition resulting in deeth) Due to (or es e consequenca of): no Jan Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or es e consec Due to (or es e consequence of) Part II. Other a gnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☑ No 3 ☐ Probably 4 ☐ Unknown Syndione 24b. Were autopsy findings svallable prior to completion of cause of death? 24a. Was an autopsy performed? unt Preucher unsufu 1 Yes 2 No 1 Yes 2 No 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Dete of Injury (Month, Day Year) 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 1 Neturel 5 Pending 1 Yes 2 No 2 Accident investigation 3 ☐ Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 - Homicide 29e. Certifier 鴙 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end piece, and due to the cause(s) end menner as steted. 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end manner steted. (Check only one) 29b. Signature and title of certifie 29c. License number 29d. Dete signed (Month, Day, Year)

Registrar

30. Number and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

32. Registrar's Signeture

Jaura sa)

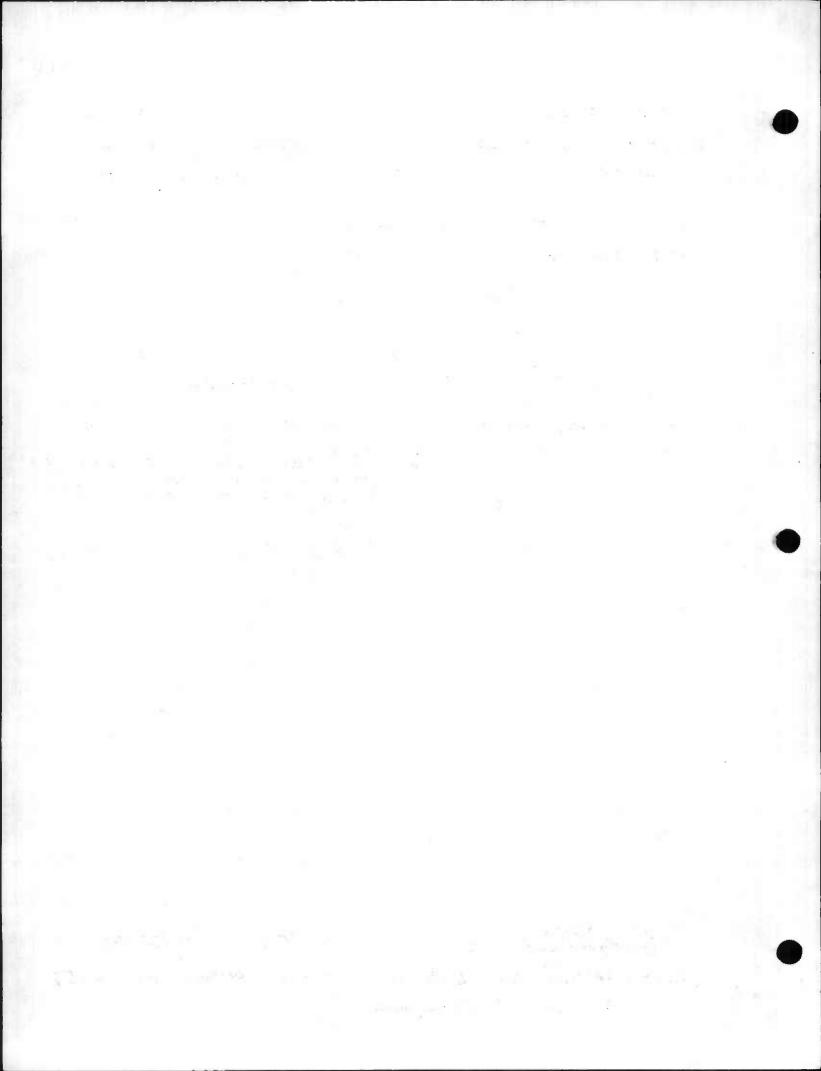


State of Maryland / Department of Health and Mental Hygiene 24018 Certificate of Death 2. Date of Deeth Month 3. Time of Deeth Dey FANNIE LICHTENSTEIN July 25, 1996 11:05 AM

Physician /Medical 1. Decedent's Name (First, Middle, Last)

Exam	iner							4b. City, Town,	eth 4c. Cour	4c. County of Death			
		Hebrew Home Of Greater Washington						Rockvi	Mon	Montgomery			
Funera Directo		5. Sociel Sacurity Number 6. Sex 1 M 2 F 7. Age (In yrs. last birthday) If Undai Months 97					Deys				7, Year) 9. Birthplece (Stete or Foreign Country) 1899 Poland		
pue *		Usuel Residence of Decedent 10e. State 10b. County		10c City To	wn or Locatio	nn.						104 1-14-00-11-2	
Maryle a-f sho	tor	Maryland Montgomery Rockville										10d. Insida City Limits 1 ☑ Yes 2 ☐ No	
or 28	Director	10e. Street end Number	1,00.	10f. Zip Code					10g. Citizan of Whet Country?				
23a 23a		6121 Montrose Ro		20853				U.S.A.		.A.			
ite; Marylana ZIZID-UUZU s 1 and 2 should be filed within 72 hours after death with the Manyland f Health and Mental hygiene. Item 27 is marked other than "natural", or Items 23s or 28s-f show other traumatic event, Its Medical Examinet man be notified at	Funeral	11. Maritei Status 1 □ Navar Married 2 □ Married	12. Was Dacedent Armed Forcas? 1 ☐ Yas 2 ☑		 Wes Dacedent of Hispenic Original If Yes, specify Cuben, Mexicen, 			ispenic Origin? en, Mexicen, Pu	(Specify Yas or erto Rican, etc.)	No- 14. R	 Race - Americen Indien, Bleck, White, etc. 		
	þ		If Yes, Giva Yeer or Detes:	If Yes, Giva		1 ☐ Yes 2 ☑ No Speci				Spec	Specify: White		
	e e	15. Decedent's E (Specify only highest g	16	e. Decedent' (Give kind	s Usue	Occup	etion during most of i	16b. Kind of	16b. Kind of Business/Industry				
	Completed	Elementary/Secondery (0-12)	College (1-4or 5		Merchant			rea)			0 1		
		17. Fether's Neme (First, Middle, Les	t)	Me	renant				Dry Go Neme (First, Middle, Meiden Sumeme)			5	
	To Be	Harry Ratzker Pearl (Unknown)											
	-	19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
		Bertha Zaltzman,	Daughter	1	416 Pr	imr	ose	Road.	NW. Wash	ington.	DC	20012	
		20e. Method of Disposition 1XX Surial 2 ☐ Cremetion 3 [20b. Piece of Disposition (f			e of her pled	e)	Date	20c. Location	- City or	Town, State	
Fac man tant: jury		4 Donetion 5 Other (Spec		Hebre	w Ceme	apitor		July 2	6. 1996	S.E. W	ashi	ngton, DC	
Dentill Page Department of Important: If any injury or once.		Hebrew Cemetery July 26, 1996 S.E, Washin 21. Signature of Funarai Service Licensee STEIN HEBREW MEMORIAL FUNERAL HOME,								INC.			
00540		Bonald C. Mottlemys 232 CARROLL STREET, NW, WASHINGTON, I										DC 20012	
		snock, or neert reliure. List only one ceuse on each line.									Approximate Interval Between		
Physician /Medical		Immediate Ceuse (Finet	0 > 1 -	,	7	1	Λ	-				Onset and Deeth	
Examiner		disease or condition resulting in deeth)	· A)+21	hem	ev's	d	ler	nent	in			7ears	
	ē	Due to (or es e consequence of):											
death certificate be axecuted e attending physician and of for use as the burial-transit	Examiner	Sequentially list conditions	b	Due to (or es e	consequence	ce of):							
	Ä	Sequentielty list conditions, if eny, leeding to Immediate ceuses. Enter Underlying Ceuse (Disease or Injury											
ficate be a physician is the buria	Physician/Medical	Ceuse (Disease or Injury thet Initiated events resulting In deeth) Lest Dua to (or es a consequence of):											
Aing p	Me												
ath certi	lan												
d by th	ysk	Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contributions.										to the cause of death	
	y Pt							1 Yes 2 No 3			3 🗆 P	robably 4 🗆 Unknow	
law requires as been sign	Ω.							24e. W	es an autopsy	24b.	Were eutopsy findings		
s bee	Completed								performed?		evailable prior to completion of ceuse of deeth?		
ysician: The lav sis certificate has director, page 2	E O								1 ☐ Yes 2 No		1 Yes 2 No		
vital nactorias, delan: The law requires th certificate has been signe rector, page 2 should be o	Be C	25. Wes cese reterred to medical	26. Plece of Deeth (Check only one)								.2.00		
Physic this ce	To	exeminer? 1 ☐ Yes 2 ☑No	Hospital: 1 Inpatient 2 ER/Outpetient 3 DOA Ot				Othe	er: Mursing Home 5 Rasidence 6 Other (Specify)				city)	
ding Ph Aftar th funeral		27. Menner of Death 1. Naturel 5 □ Pending	28e. Dete of Injur (Month, De)	Year) 28b.	Time of Injury	28c.			28d. Describ	28d. Describe how injury occurred			
the ear	cat	2 Accident Investigation	De					Yes 2 □ No					
pital or Attending ours after death. eral Director: After filled in by the fune	Certification:	determined 4 Homicide determined 28e. Plece of Injury - At home, farm, street, fe building, etc. (Specify)					fectory, office 28f. Location (Street end Number or Rural Ro City or Town, Stete)					ural Route Number,	
To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edical (29a. Certifier (Check only one) Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.											
To the Fo the	Me	≥ 29b. Signature and title of certifier 29d. Date signa										h, Day, Year)	
		1 Guglel Mo					D23958 7/25/9				5/9	6	
		Graphel MD D23958 7/25/96 30 Name and address of person who completed cause of deeth (Item 23e) (Type, Print) Brown I. Feldman MD, 6105 Montrose fel, Rockwille MD 20852											
		Brut I. Feldon	an MD.	6105	Mon	tr	OSE	fel,	Lock	rille su	20 2	20852	
		31. Dete filed (Month, Dev. Year)	32 Phojetro	r'e Signature									

State Registrar



State of Maryland / Department of Health and Mental Hygiene 96 260 9

						Certif	ficate of	Death		Reg. No.			012
	Dharaia	:	1. Decedent's Neme (First, Middle	, Last)	V				2. Date of Month		, Vee		ima of Death
	Physic /Medi		BRAD PATRICK	LAPRESTI					JÜLŸ	30	1996	2:	10p.m.
	Exami		4a. Facility Neme (If not institution	, give street and number)				4b. City, Town, or	Location of De	ath 4c.	County of Des	sth	
				CENTER - N.]				BETHESD			MONTGO	MERY	
	Funeral		5. Social Security Number	6. Sex 7. Ag	e (In yrs. last bir		f Under 1 Year lonths Deys		. (Month,	Day, Year)	9. Bi	rthpiace (Sountry)	State or Foreign
1	Director		171-68-0172 Usual Residence of Decedent	· Q · · · · · · · · · · · · · · · · · · ·	17	115.			JULY	15,19	79	PA.	
	P &		10a. State 10b. County		10c. City, Tow	n or Locati	ion			 		10d. Ins	ide City Limits
	Varyta t show	ō	PA LACK	AWANNA		LD FO	חשמני						Tyes 2□No
	with the Maryland is or 28a-f show the notified at	Director	10e. Street and Number	U. W. TITTEL			10f. Zip Code			10a. Citi	zen of What C	Country?	111111111111111111111111111111111111111
	S or	ō	189 ALBIO	N ST			· ·	3518				S.A.	
	ours after death with the Maryla rsf., or Herms 23s or 23s-1 show Examiner must be notified at	Funeral	11. Marital Stetus	12. Wes Decedent	Ever In U,S.	13. Was		Hispenic Origin? (ban, Mexican, Pue	Specify Yes or	No-	14. Race - Am		ian,
5	of the mines	Ē	1 Never Merried 2 Marr	Armed Forces?	No				rto Rican, etc.)		Black, Wh	Ite, etc.	
Q.	ar, c	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates:		1 1 1	Yes 2∭ No	Specify:			Specify:	WHITE	
mai yiaila 21213-0020	within 72 hours after ene. then "natural", or its he Medical Examine	Completed	15. Decedent (Specify only highes	s Education	16a.	Decedent (Give kind	's Usuai Occu	pation	orkina	16b. Ki	ind of Busines	s/Industry	
4	iene. The Med	nple	Elementary/Secondary (0-12)	Coilege (1-4or 5	i+)	life. DO	NOT use retire	during most of wo	UKRIY.				
4	TT 700 to 400	Co	12			NO	ONE				NONE		
1	の日の名	Be	17. Father's Name (First, Middle,	_ast)				18. Mother's Ne	eme (First, Midd	de, Maiden	Sumame)		
	2 should be fit and Mental H is marked off sumstic ever	2	PATRICK						ANE		KAZA		
	2 年 2 章		19a. Informant's Name/Relations		19b			and Number or F		n <i>ber, City</i> o	r Town, State,	Zip Code)	
	1 and Health em 27 other tr		DIANE DOUGH 20s. Method of Disposition	ERTY/MOTHER	20b. Placa of	SAME		ITEM #1	Dete	000 10	cation - City o	- Taura Ot	-1-
2	見 口 五 女		1 ☐ Burlai 2 🂢 Cremation		cemeter	ry, cremato	ory or other pla						
dictions	Department Important: Inny injury o		4 Donation 5 Other (S)		CHAMBE		REMATOR		7/31	R	RIVERDA	LE, M	D.
2	Depart Depart Import any inj price		21. Signature of Funeral Service	Joensee (2	22. Na	ame and Addr	ess of Facility					
			W/W.Cho	meur	M00091	-		MBERS CC			, MD.	7	
			23a. Part1. Enter the disease, or shock, or heart failure. List	complications that caused only one cause on each Ilr	the death. Dor ne.	not enter th	he mode of dy	ing, such as cardle	ac or respirator	errest,		Interv	el Between t and Deeth
)	Physician /Medical	П	immediate Cause (Finel				Λ	f				Oliade	and Deetin
	Examiner		disease or condition resulting in deeth)	a. CArdi	opn(mo	mari	1 Am	rest				1	
		ē		b. Cerek	Due to (or as e	consequen	nce of):					-	200
	uted	Examiner		b. Level	Due to (or es e	Krn	eati	^				<u>i /</u>	DAYS
	icete be executed physician and s the burial-fransit	Exa	Sequentially list conditions, it sny, leading to immediate cause. Enter Underlying Cause (Disease or injury		_		ice oi):					,	DAYS.
	s be be	cai	that initiated events	c. BRAL	N / M M) Due to (or as a c		ice of):					1	> YVS.
	law requires that the death cartificate be executed as been signed by the attending physician and a 2 should be deteched for use as the burial-transit	Medical	resulting In death) Lest		Due 10 (01 83 8 1	onsequen							
	attendin		`	d								i	
)	deat death	Physician/	Psrt ii. Other significant conditio	ns contributing to death bu	ut not resulting Ir	the under	rlying cause g	iven in Pert i.	23b. D	id tobacco	use contribu	is to the ca	suse of death?
	that the dended by the sadeteched	Phy.							1	□ Yes 2)	KNo 3□1	Probably	4 Unknow
	at the deded be de	by							-				
	v require been si should									as an autop	osy 24b	Wers out	opsy findings prior to
	has be	pie										of death?	on of cause
	age age	Completed							11	☐Yes 2月	X(No	1 🗆 Yes	2 No
		Be	25. Was case referred to medical examiner?					26. Place of De	eath (Check on	y one)			
	G 00 %	10	1 ☐ Yes 2 No	Hospital:	nt 2 ER/Ou	tpatient :	3 DOA	ther: 4 Nursing	Home 5□ Re	esidence (5 ☐Other (Sp	ecify)	
			27. Manner of Deeth 1 X Natural 5 ☐ Pending	28a. Dete of injur (Month, Day	ry 28b. 7	Time of njury	28c. Inju	ury et ork?	28d. Describ	e how Injur	y occurred		
	Attending or death. ector: After by the fune	atic	2 ☐ Accident investig	ation				Yes 2 □ No					
	er de recto	Certification:	3 ☐ Sulcide 6 ☐ Could n 4 ☐ Homicide determi	ot be ned 28e. Placa of Inju- building, etc		rm, street,	factory, office)		(Street and	d Number or F	Rural Route	Number,
	tal or selfer sal Direction				. (0,000.)								
	Hospital 24 hours Funeral stely filled	edical	29a. Certifier 1 Certifying	Physicisn: To the best of examiner: On the basis of	of my knowledge	, death occ	curred at the t	ime, dete and place	e, and due to the	ne cause(s)	and manner s	s stated.	uso(s)
	To the Mospital or Attend within 24 hours effer deati To the Funeral Director: completely filled in by the	P	one)	and manner ste	ited.	- O: #1700[orrect the till				
	To Wild	Σ	296. Signature and tale of certifier	[]			4.4	se number		29d. Dat	te signed (Mor	oth, Day, Yo	ear)
			100	Des	-		1/1/	21007	01	M	y 2	0,	1996
			30. Neme end address of person v	no completed cause of de							U		
			ELIZABETH	Foy		0 RO	CKVILLE	E PIKE, B	ETHESDA	, MAR	YLAND	2089	2
	Sta		31. Date filed (Month, Day, Year)		ar's Signature								
	Registr		JUL 3 1 19	36 Jula De	widson As	ndell							
HI	4H 16 Rev 6/0	E.		1	•								

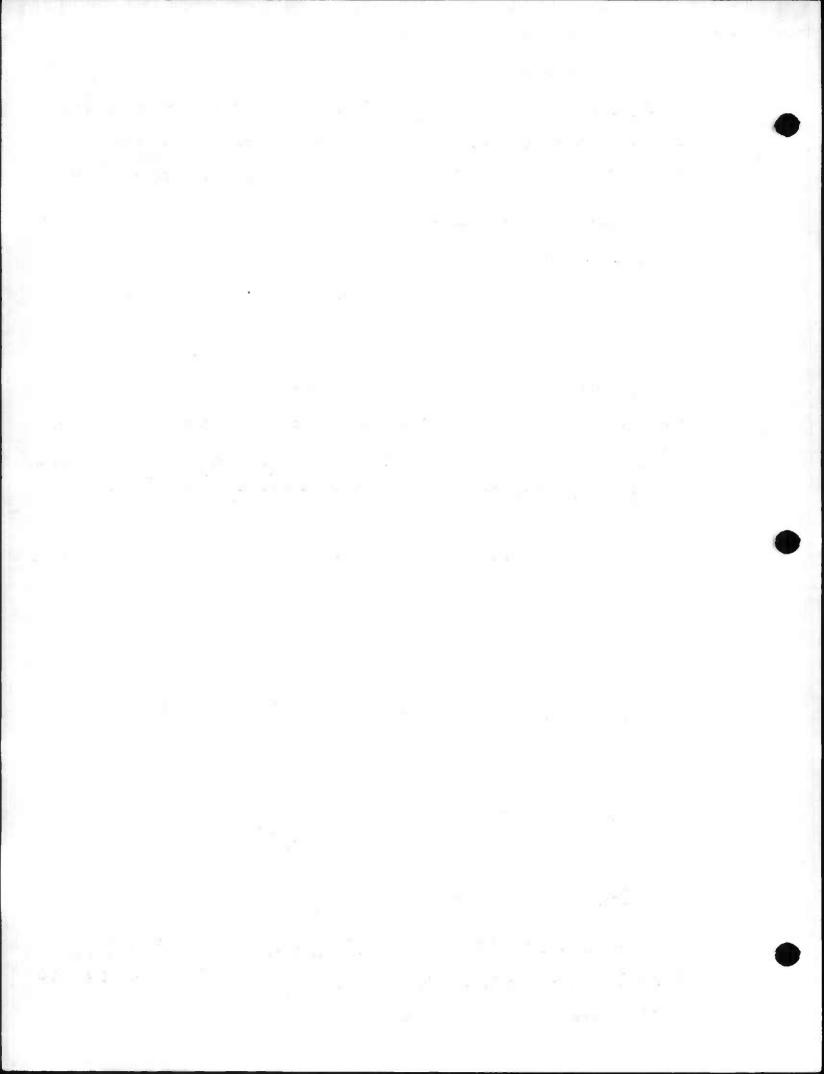
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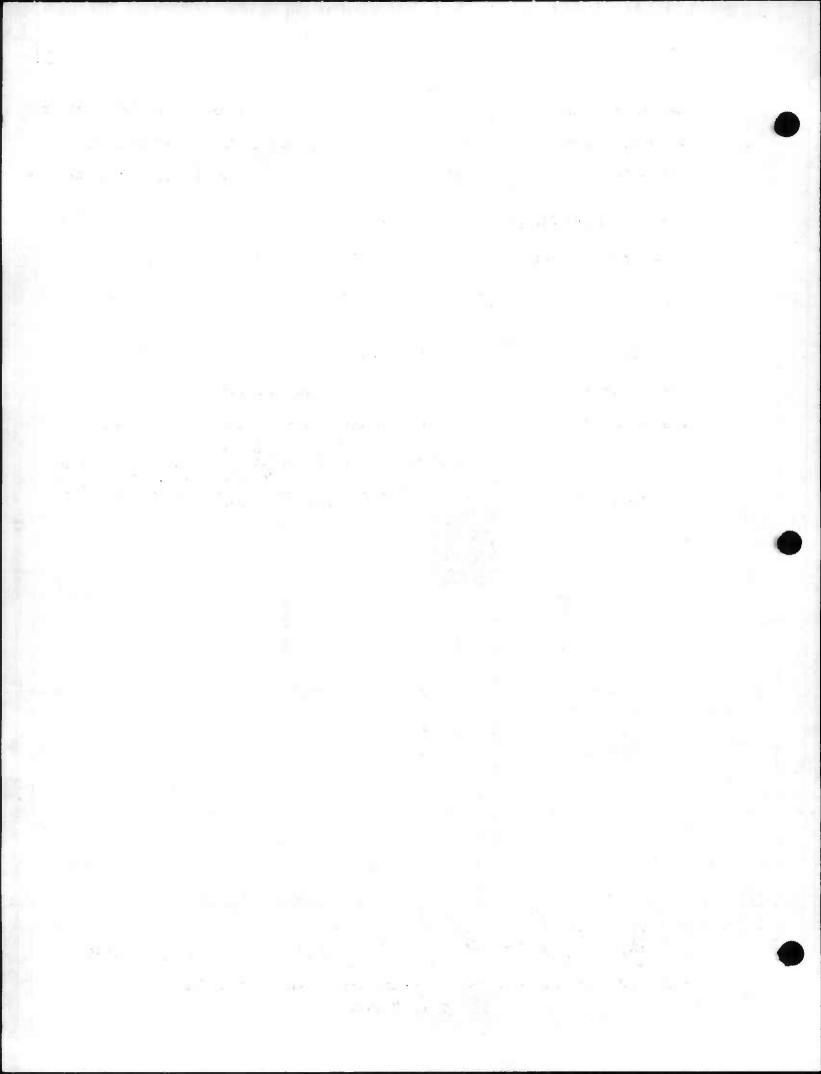
			Ce	ertificate of	Death		Reg. No.		
		Decedent's Name (First, Middle, Last)				2. Date of De	eath	V	3. Time of Death
Physic		HELEN P.		210	1.5	Month	Day	996	1:42 8
/Medi Exami		4a. Facility Name (If not institution, give street and number)		~ / 6	4b. City, Town, or I	ocation of Deat			1.101
Exami	1161	Washington Adventist Hospital			Takoma P	ark	Monte	gomery	7
-		5. Social Security Number 6. Sex 7. Age (In yrs.	lest hirthde	(v) If Under 1 Yeer				0	
Funeral Director		158-18-9032 ^{1□ M 2} XF 68	Yrs.	Months Deys		8. Dete of Bit (Month, De	8, 1928	Count	lece (Stete or Foreig try)
Director		Usual Residence of Decedent				June 2	0, 1920	MEW C	rersey
72 hours efter death with the Maryland naturel', or itema 23a or 28a-f ehow diest Examinet must be notified at		T. C.	y, Town or l	Location				1/	0d. fnside City Limits
Vary	ō	MD Prince Georges Take	oma Pa	a rele					1 ☐ Yes 2 🖔 No
288	20	10e. Street and Number	Jila I c	10f. Zip Code			10g. Citizen of	What Cour	to/2
0 8	ă						1123	What Court	uyr
De lited within 72 hours efter death with the Marylan tal Hygiene. Id other than "nature!", or itema 23a or 28a-f show event, the Medical Examinet must be notified at	Funeral Director	1612 Drexel Street	0 10	20912		- 16 16 - 11	USA		
9 E	S	11. Maritel Status 12. Wes Decedent Ever in U. Armed Forces?	5. 13	 Wes Decedent of I If Yes, specify Cub 	en, Mexican, Puert	Rican, etc.)	Ble	ce - America ck, White, e	
3 6		1 Never Married 2 Married 1 Yes 2 No If Yes, Give		1 ☐ Yes 2 🛣 No	Specify:		Specif	y.White	9
Jone Jone	Completed by	3 ☐ Widowed 4 ☐ Divorced Yeer or Dates:							
nat ole	ete	15. Decedent's Education (Specify only highest grade completed)	16a. Dec (Giv	edent's Usual Occup re kind of work done DO NOT use retire	pation during most of wor	king	16b. Kind of B	usiness/Ind	lustry
than the	du	Elementery/Secondery (0-12) College (1-4or 5+)			(d)				
al Hygie other ti vent, tr	S	12	Home	emaker		-	Own Hor		
d of H	Be	17. Father's Name (First, Middle, Last)			18. Mother's Nen	ne (First, Middle	, Maiden Sumar	ne)	
should be tand Mental I americal or umatic eve	0	Stanley Sasinski			Catheri	ne Mazu	r		
s 1 and 2 should f Health and Mer tem 27 is marke other traumatic		19a. Informant's Name/Relationship (Type, Print)	19b. Mai	iling Address (Street	t end Number or Ru	rel Route Numb	er, City or Town	, State, Zip	Code)
aith 27		Theodore Ligis	1612	2 Drexel S	Street, T	akoma P	ark, Mar	ryland	20912
permit. Pages 1 and 2 Department of Health s Important: If item 27 is any injury or other tra once.		20a. Method of Disposition 20b. P	lace of Disp	position (Name of rematory or other pla	cel	Date	20c. Location	- City or To	wn, State
y or H		120 Burial 2 Li Cremetion 3 Li Removal from State	_	Heaven	1	/31/96	C d 1	Comic	Manual.
in min		21. Signature d Funeral Service Licensee	T	22 Neme and Addre	es of Fecility Fr	ancis J	. Collit	าร	ng, Maryla
Depa Impo any ir		V 1000 1000 1/ 1/ 1/	İ	Funeral Ho	ome, Inc.	500 Un	iversity	y Blvc	l. West
		1 MCNew Flole		Silver Spi	ring, MD	20901			
		23a Pint Enter the disease, or complications that caused the deat shock, or heert failure. List only on cause or each line.	n. Do not e	nter the mode of dyi	ng, such es cerdiac	or respiratory a	irrest,		Approximate fnterval Between
Physician	1	\							Onset end Deeth
/Medical Examiner		Immediate Cause (Final disaase or condition resulting in death)	مد د	comes	of ler	east	•		3 was
CXAIIIIIICI			or as a cons						
ם צ	ner								
ifficate be executed g physician and es the buriel-transit	edical Examiner	Sequentially list conditions, if any, leeding to Immediate	r as a cons	equence of):					
certificate be executed ding physician and ise es the buriel-transit	m	ceuse. Enter Underlying						i	
lysic he b	ica	Cause (Disease or Injury that initiated events resulting in death) Last Due to (or	r as e conse	equence of):					
ag pl	Aed	Tooding in double Last						I	
2 5 3	M/VI	d				-		1	
hat the death ed by the atter deteched for	Physiciar	Pert II. Other significant conditions contributing to death but not resi	ulting In the	underlying cause of	ven in Part i	23h. Did	tohacco use co	ontribute to	the causs of death
ed by the deteched	hys		-			10	Yss 2 No	3 □ Prob	
	by P	Pancy topenia	my	e nou	sow u	wat	Cleme	ut	⇒ Unknow
requires ween sign hould be		,				24a. Was	an autopsy	24b. We	ere autopsy findings
- D 0	ete					perf	ormed?	con	allable prior to impletion of cause
2 5	Completed							01.0	death?
Pa ate	ပ္ပ					1 🗆	Yes 2 No	1	Yes 2□ No
ysician: The scentificate director, pag	Be	25. Was cese referred to readical examiner.			26. Plece of Dea	th (Check only	one)		
G o	P_O	1 ☐ Yes Hospitel: Inpatient 2 ☐	ER/Outpatio	ent 3LI DOA		ome 5 Res	Idence 6 Ott	ner (Specify	1)
ding Ph h. After th funeral	Ë	27. Manna Deeth 28a. Date of Injury (Month, Day Year)	28b. Time Injury		ry et	28d. Describe	how injury occur	red	
Attending it death. actor: After by the fune	ati	2 Accident investigation			Yes 2 No				
after death after death Director: d	Iffic	3 ☐ Suicide 6 ☐ Could not be determined 28e. Place of Injury - At he building etc. (Specific	me, farm, s	street, factory, office			Street end Num	ber or Rure	l Route Number,
d in Dia	Certification:	4 Homlade building, etc. (Specify	"			Ony or 10	wn, State)		
o the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the fune		29a. Certifier Certifying Physician: To the best of my kno	wiedge, des	ath occurred et the til	me, date and place	and due to the	cause(s) and m	anner as st	ated.
24 the	edical	(Check on) 2 Madical Examiner: On the besis of exeminal one) and manner stated.							
ithin omplete	ĭ.	29b. Signature end title of certifier		29c. Licens	se number		29d. Date signe	ed (Month, I	Day, Year)
- ≩ ⊏ ŏ		Most O 1110 Oton		No	21112		7/-	301	01
h		i wasano. medy	-	عرد	·> 12>		1/	< X)	76
10		30. Name and address of person who completed cause of deeth them	23e) (Type	e, Print)	. 1	ch o	and.	1001	AW A
		LALLING IN TYMERS.	125	s pea	way ut	91	Tuch		Of 1.44
Sta	-	31. Dete filed (Month, Day, Year) 32. Registrar's Signa	ture	3			7		
Registi	rar	JUL 31 1996 Felicitaristan	- place	•					
			-						

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State of Maryland / Department of Health and Mental Hygiene 96 24021

						Cei	rtificat	e of	Death)		Reg. No.		
П	Division	. 1	1. Decedant's Nama (First, Middla, L	.ast)							2. Data of D	eath		3. Tima of Death
	Physic /Medi		Katherine F. Lee								July	Day 28	1996	7:00 PM
	Exami		4a. Facility Nama (If not institution, g		ber)				4b. City, To	own, or L	ocation of Daa		y of Death	
1			Villa Rosa Home						Mitch	0111	1110		ce Geo	race
Н	Funerai	г		Sax 7	. Aga (In yrs. la	st birthday)	If Undar	1 Yaa			8. Data of B			laca (Stata or Foreign
	Director		216-74-7661	1□M 2XF	83	Yrs.	Months	Days	Hours	Min.	(Month I)	av Vaarl		Carolina
			Usual Rasidance of Dacedent								Dec.	, 1712	Doden	Odlozina
	ylan		10a. Stata 10b. County		10c. City,	Town or Lo	cation						10	Od. Inside City Limits
	Mag Mag	ţ	MD Prince	Georges	Hvat	tsvil	le							1 X Yas 2 □ No
	r 28	Director	10e. Straat and Numbar		, ,		10f. Zip	Coda				10g. Citizan of	What Coun	trv?
	3a o	0	3501 Oliver Str	oot			207	782						
	Jeatl Jeatl	Funeral	11. Marital Status	7	lant Evar in U.S.	13. \			Hispanic Or	rigin? (Sp	ecify Yas or N	US 0- 14. Ba	ce - Amaric	en Indian
	the first	Ē	1 ☐ Navar Marriad 2 ☐ Marriad	Armed Ford	cas? 2.1⊠No		f Yas, spec	cify Cul	ban, Maxice	n, Puarto	ecify Yas or N Rican, atc.)	Bia	ick, White,	
020	n 72 hours after death with the Maryland *natural", or items 23a or 28a-f show solical Examinet.must be notified at	þ	3 N Widowad 4 Divorced	If Yas, Giva Yaar or Dat			1 ☐ Yes	2 💢 No	Specify.	:	2	Speci	ty: Wh	ite
Ō	2 ho		15. Decedant's f	ducetion		16a. Deced	lant's Usua	al Occu	pation			16b. Kind of 8	lusinass/Ind	lustry
7	1 n n	pie	(Specify only highast g	rada complatad)		(Giva	kind of wor	rk done	a dunna mos	st of work	ing	Tool raine or a	7401114041110	
217	d within 72 ha jiena. r than "natui na Megical	Completed	Elamantery/Secondary (0-12)	Coilege (1-4	40r 5+)	Homen	aker		,			Own I	Tome	
D	al Hygie other	O	17. Fathar's Name (First, Middle, Les	(1)					18. Moth	ar's Nam	e (First, Middle	a, Maiden Sumai		
an	d 2 should be filed th and Mantal Hyg 7 is marked othe traumatic event,	To Be	Goerge Finley											
7	should bud marked	F	19a. Informent's Neme/Relationship	(Type Print)		19h Mailin	n Address	/Strac			ounsey	per, City or Town	State Zin	Code
Maryland 21215-0020	nd2:		Anne McClanahan	(1)00,11111								lle, MD		
a,	- TES		20a. Method of Disposition		20b. Pla	ce of Dispo			otreet	, пу	Data	20c. Location	2078	
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₹	aftar of Direct of in by	=	4 Homicide datarmined	28a. Place of	Injury - At home , atc. <i>(Specify)</i>	e, farm, stra	at, factory,	, office		1	28f. Location (City or To	Street and Numi wn, Stete)	ber or Rural	Routa Number,
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	within 2 To the i	Med	,	and manna	r steted.	12.02 302								
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	1		Richard J. Feldma	ın, M.D.	9500 An	napol:	is Ro	ad,	Lanha	am. 1	MD 207	06		
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State of Maryland / Department of Health and Mental Hygiene 96

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-	Funeral		5. Social Security Number 6. Sa			iday)	If Under 1 Yeer			Data of Birt			
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	land		10a. Stata 10b. County	10c. (City, Town	or Loca	tion					1	10d. Insida City Limits
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	트 등 전 노		Donald Loveday / S	on	611	.0 S	omerset	Road,	Rive	dale	, Maryla	and 2	20737
ore			20a. Mathod of Disposition		. Place of I	Dispositi	on (Nema of tory or othar pla	ce)	D	ete	20c. Location -	City or To	own, Stata
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9/	12		On New york 11	0	_		DIC	110			000	٠ ر	LE, 1710
(10)		30. Name and address of person who co	10 - 0 1				, Hor	marken 1	RIIS	2 Good L	uck	Rd Lanha
			31. Data filed (Month, Dey, Year)	32. Registrar's Sig	neture (VIII	muniti	1100	MIN	Otto			1 118 207
	Sta Registr		JUL 2 4 1996	Jahr Muden	Rad	IL							
	ricgisti	CIT	JULM # 1330	June 1									

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month 1996 VANCE ATTELLE LEWIS July 06:14 AM 4a. Facility Nama (if not institution, giva straet and number) 4b. City, Town, or Location of Death 4c. County of Death HOLY CROSS HOSPITAL - 1500 Forest Glen Road Silver Spring Montgomery If Undar 1 Yaer Months Days If Under 24 Hrs. Hours Min. 7. Aga (In yrs. last birthday) 8. Deta of Birth (Month, Day, Year) Birthplace (State or Foraign Country) 11 M 2□ F Sept. 15,1918 Virginia 10b. County 10c. City, Town or Location 10d. fnsida City Limits 1 Yes 2 □ No Maryland Prince George's Lanham 10f. Zip Coda 10g. Citizan of What Country? U.S.A.

14. Race - American Indian, 7021 - 96th Place 20706 12. Was Decedent Ever In U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puarto Rican, etc.) ☐ Yas 21 No Yas, Giva 1 ☐ Never Married 20 Married 1 ☐ Yas 2X No Specify: Specify: BLACK 3 ☐ Widowad 4 ☐ Divorced Year or Datas: 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Coilaga (1-4or 5+) General Contractor Private 17. Fathar'a Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) Armstead Lewis Rachel Porterfield 19a. Informant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Numbar or Rural Routa Number, City or Town, Stata, Zip Code) Mary Belle Lewis (Spouse) 7021 - 96th Place, Lanham, Maryland 20706 20b. Placa of Disposition (Name of cematary, cramatory or other place) 20c. Location - City or Town, Stata Deta 1 ☑ Buriai 2 ☐ Cramation 3 ☐ Ramovai from State 4 ☐ Donation 5 ☐ Othar (Specify) Maryland National Mem. PK 7/23/96 Laurel, Maryland 21. Signature of Furtheral Service Licenses 22. Nama and Addrass of Fecility Lawrence W. Plunkett, Inc. -2504 - 28th St., NE., Wash., D. C. 20018-1413 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Dua to (or as a consequence of) Due to (or as a consequence of): Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Did tobacco use contribute to the cause of death? arcela Arrea 1 ☐ Yes 2 ☐ No 3 Probably 4 Unknown 24b. Ware sutopsy findings available prior to completion of cause of death? 24a. Was an autopsy 1 ☐ Yas 2 ☐ No. 25. Was casa rafarrad to medical axaminar? 26. Placa of Death (Check only ona) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 25 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Year) 28b. Tima of Injury 28c. fnjury at Work? 28d. Dascribe how Injury occurred 5 Panding invastigation 1 Yas 2 No 6 Could not be datamined 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of fnjury - At homa, farm, streat, fectory, offica building, atc. (Spacify) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

2 Medical Examiner: On the basic of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner stated. 29b. Signature and title of cartifig 29d. Date signed (Month, Day, Year)

selhuda, md

Division of Vital Records, P.O. Box 68760.

requires that the death certificate be executed

Physician

/Medical

Examiner

578-44-6526

10e. Street end Number

12th

20a. Mathod of Disposition

Immediata Causa (Final disaasa or condition rasulting in daath)

Sequentially list conditions, If any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last

1 Yas 2 No

Mannar of Death

1 Natural 2 Accidant

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29a. Certifiar (Check only one)

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10 Data filed (Month, Day, Year)

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11. Meritei Stetus

10a. Stata

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Funeral

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Completed

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Director

show

7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Madical Examinat must be notified at

permit. Pages 1 end 2 should be filed within 72 hours effer to Department of Health end Mental Hygiene.
Important: If item 27 is marked other than "natural", or iten any injury or other traumetic event, the Medical Evanties once.

Physician

/Medicai Examiner

physician and the buriel-transit

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page 2 certificate hes

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After

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Physician/Medical

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Completed

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Certification:

Medicai

Baltimore, Maryland 21215-0020

with the Maryland

death

Attending Physician: or Attending effector: Aft the m 24 hou. Funeral D Hospital 24 hours e To the I

> State Registrar

Pagistrar's Signetura

nd addrass of person who complated cause of death (Itam 23a) (Type, Print)

State of Maryland / Department of Health and Mental Hygiene 96 24024

						Cer	tificate of	Death	Re	g. No.	0	L 1 0 L	
П	Division		1. Decedent's Name (First, Middle, La	st)					2. Dete of Death	1	W to a	3. Time of I	Death
	Physic /Medi		Virginia	R.		L	echlider		July 24,	Day 199	6 Year	1:05	P.M.
k.	Exami		4a. Facility Name (If not institution, giv)				Location of Deeth	4c. County			
1			306 Farmhouse R	oad				Accokee	k	Princ	e Geo	rge's	
	Funeral Director		370 10 2731		ge (In yrs. lest b	yrs.	If Under 1 Year Months Deys	If Under 24 Hrs Hours Min	8. Dele of Birth (Month, Dey, May 6, 1	Year)	9. Birthp	plece (State or ntry)	
	pur M	7	Usual Residence of Decadent 10a. State 10b. County		10c. City, To	um or Lo	nation						
	6a-f sho	ctor	Maryland Prince	George's		okee						0d. fnside City 1 ☐ Yes	
	or 2		10e. Street and Number				10f. Zlp Code		10	g. Citizen of		ntry?	
	ath v	<u>a</u>	306 Farmhouse Ro	ad	_		206	07		U.S.A	•		
21215-0020	72 hours efter death with the Maryland natural, or items 23s or 28s-f show pical Examiner must be notified at	by Funeral Director	11. Marital Stalus 1 □ Never Married 2 □ Married 3 □ Widowed 4 □ Divorced	12. Wes Decedent Armed Forces? 1 Yes 2 If Yes, Give Year or Dates:		11	Vas Decedent of Yes, specify Cub ☐ Yes 2 No	Hispanic Origin? (Span, Mexican, Puer Specify:	Specify Yes or No- to Rican, etc.)	Ble	ck, White, y: Fili	etc.	
5-0	n 72 hours "natural",	Completed	15. Decedent's Ed (Specify only highest gra	ducation	16	a. Deced	ent's Usual Occu	pation	rkina 1	6b. Kind of B	usiness/In	dustry	
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yla	should be tand Mental I	0	Marcelo Ruamero					Segu	nda Razo	te			
ar	2 8 8 7		19a. Informent's Name/Relationship (Type, Print)	19	b. Mailin	g Address (Stree	t and Number or R	ural Route Number,	City or Town,	State, Zip	Code)	
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ore			20a. Melhod of Disposition		20b. Plece	of Dispos	sition (Name of platory or other plat	-		Oc. Location -		wn, Slale	
Ĕ	Peges net of I nt: If ite		1/□XBuriai 2 □ Cremation 3 □ 4 □ Donetion 5 □ Other (Specif						7/29/96 A	rlingt	on, V	irgini	.a
Baltimore,	permit. Pages Department of Important: If it any injury or one.		21. Signature of Funeral Service Lice	12/2/201	1	G	Neme end Addresse P.	Kalas F	uneral Ho	me	207/		
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68760,	certificate be executed ding physician and use as the buriel-transit	al Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury	c	Due to (or as a	a consequ	uence of):	+ 30+4	Disue	~			
87	cate physithe	edical	thet initieted events resulting in death) Last		Due to (or as a	consequ	ience of):						
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	0 0 2	Physician	Part II. Other eignificant conditions of	ontributing to deeth bu	ut not resulting	in the un	derlying cause gi	ven in Part I.	23b. Did tob	acco use co	ptribute to	the cause of	death?
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	8 58	by											
of Vital Records,	law requires that the les been signed by the B 2 should be detache	Completed							24a. Wes en perform		ava	ere autopsy fin alleble prior to apletion of car death?	
č	0 - 0	Eo							1 ☐ Yes	2/D(No	1.5	Yes 2□N	No.
ta	certificate rector, pag	Bec	25. Was case referred to medical					26 Place of De-	ath (Check only one		1	7100 2010	
>	Physician: r this certific aral director,	0	examiner? 1 ☐ Yes 2 █ No	Hospital: 1 ☐ Inpatie	nt 2DER/O	utnationt	3 DOA Oth		lome 5 Residen		a. (Canali		
6	Phy ir this	T: I	27. Manner of Death	28a. Date of Injur	ry 28b.	Time of			28d. Describe hov			()	
O	Attending or death. ector: After by the fune	to	1 Naturel 5 ☐ Pending 2 ☐ Accident investigation	(Month, Day		Injury	28c, Inju Wo	rk? Yes 2 □ No		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
S	dea dea	fica	3 ☐ Suicide 6 ☐ Could not be		inv - At home f	arm etra			28f. Location (Stre	aet and Numh	er or Bure	I Poute Numb	ar.
Division	or effer Dire	Certification:	4 ☐ Homicide determined	building, etc	(Specify)	aiii, stio	ot, loctory, office		City or Town,		or or ribra	7 TOURS TRUITE	or,
	pital ours eral filled		29a, Certifier 1 Certifying Phy	refelent To the heat o	of any language	a death					10-01-0		
	Hos 24 ha Fun etely	edicai		refclan: To the best of fnar: On the basis of and manner sta	examination er	e, death nd/or inve	occurred at the tile estigation, in my o	ne, dete end place pinion, death occu	rred at the time, dat	e and place,	anner as st and due to	ated. the ceuse(s)	
	To the Mospital or Attending Ph within 24 hours efter death. To the Funeral Director: After th completely filled in by the funeral	Me	29b. Signature and title of certifier	and manner sta			29c. Licens	e number	20	d. Date signer	d (Month	Day, Year)	
	F 3 F 8		Den F1	- 1Hm	lan to)			250		-10	7 /	
	12				0	1	17(+10	10/1	6	
	(30)		30. Name and address of person who of Susan Lee Flamm					ardi Can Rd.,N.W.	cer Cente Wash.,D.	r C.2000	7		
	Sta Registra		31. Date filed (Month, Day, Year) JUL 2 6 199	Registra	r's Signature	roball							

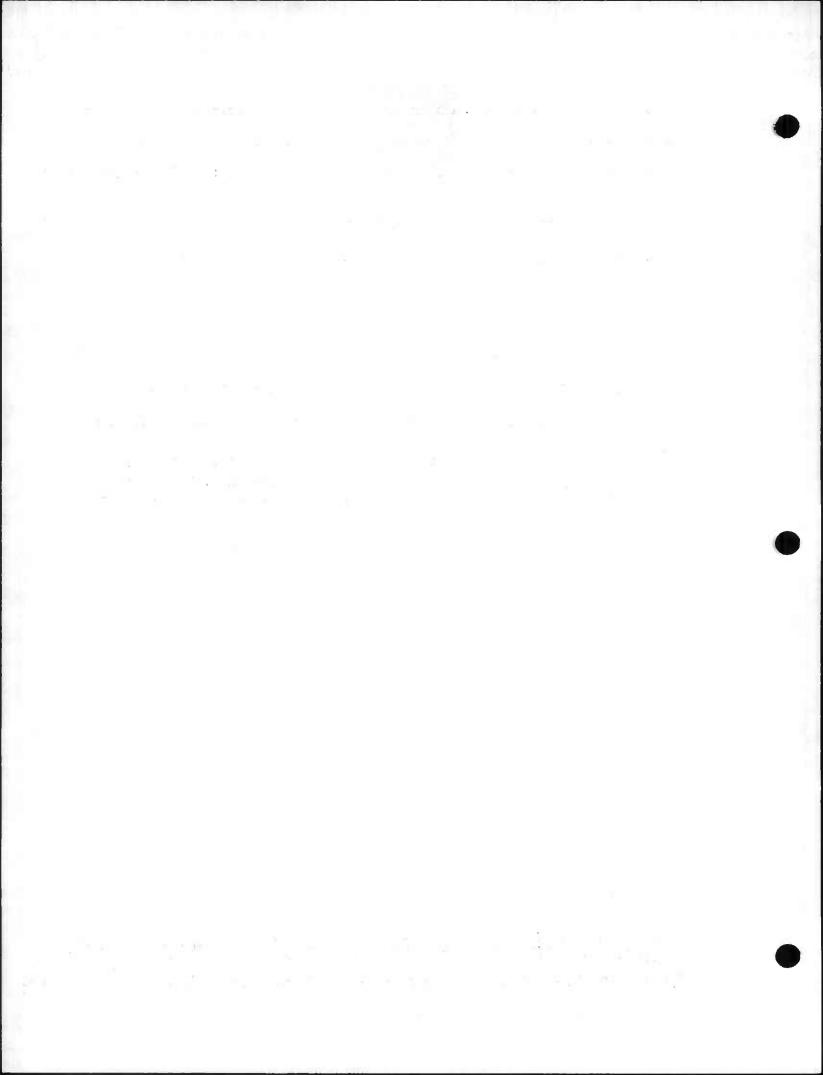
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							ert	ificate of l	Death			Reg. I	No.			
	DI		1. Decedent's Neme (First, Middle	le, Last)							2. Dete of De Month		304	Yeer	3. Time of Deat	th
	Physici /Medic		Dorothy	Shepard	McL	aughlin					July		₁₉₉₆	1001	4:00 P	.M
1	Examir		4e. Facility Neme (If not Institution	n, give street end n	umber)			4	b. City, To	wn, or L	ocation of Deet	h i	4c. County	of Deeth		
			6130 Nevada A	venue					Chevy	Cha	ase		Monte	omer	y	
	Funeral		5. Sociel Security Number	6. Sex	7. Age (In yrs. last birthe		If Under 1 Year Months Deys	If Under	24 Hrs. Min.	8. Dete of Bir	th You	or)	9. Birthp	ace (Stete or Fon	eign
	Director		220-44-5216	1 □ M 2€34F		83 Yr	\$.	Months Deys	Hours	IVIIII,	8. Dete of Bir (Month, De April	3,1	913	Rhode	Island	
	p ,		Usuel Residence of Decedent													
	show	-	10a. Stete 10b. County		1	0c. City, Town	or Loca	ation						10	Od. Inside City Lin	
	Me M	9	MD Mont	gomery		Che	evy	CHase							1 ☐ Yes 2 🔼	No
	15 th	Director	10e. Street end Number					10f. Zlp Code				10g. (Citizen of \	Whet Coun	try?	
	23a		6130 Nevada A	venue				2081	5				U.S.	Α.		
	2 should be filed within 72 hours after deeth with the Meryland and Mental hygiene. Is marked other than "natural", or items 23e or 28e-f show farmatic event, the Medical Examiner must be notified at	Funeral	11. Meritel Stetus	12. Wes Dec	cedent Ever	er in U,S.	13. W	es Decedent of Hi Yes, specify Cube	ispanic Ori	gin? (Sp	ecify Yes or No)-		e - Americ		
0	or th		1 Never Married 2 Marr	ried 1 ☐ Yes	2 (4No			Yes 2 XNo	Specify:	, 1 00110	7 110411, 010.7				, , , , , , , , , , , , , , , , , , ,	
21215-0020	ours	d by	3 XWidowed 4 ☐ Divorcad	Year or I			- 10		Specify.				Specify	WI	nite	
S.	72 h netu	Completed	15. Deceden	nt's Education)	16e. D	ecede Give ki	nt's Usuei Occupi	etion durino mosi	t of work	ina	16b.	Kind of B	usiness/Ind	lustry	
2	ithin ne.	du	Elementery/Secondery (0-12)	College	(1-4or 5+)			nd of work done of NOT use retired	1)							
N	filed withi Hygiane. other than and, the M	ပိ			1	Вос	OKK	eeper							narities	
	tal H d out	Be	17. Fether's Neme (First, Middle,								e (First, Middle			10)		
Z	Men Merke Brke	Lo	John Shepard,						Mab	el I	Ethel F	let	cher			
Maryland	s 1 end 2 should be f f Health and Mental I ftam 27 ia marked or other traumatic eva		19e. Informent's Neme/Relations					Address (Street			al Route Numb	er, Cit	y or Town,	Stete, Zip	Code)	
_	Health Bam 27 Sther tr		Barbara M. Giv	en/daught				alle Flo		а	Escon	did	o, CA	. 92	2029	
0	of H		20e. Method of Disposition 1⊠ Burlel 2 □ Cremetion	3 Demoved from	State	20b. Plece of D cametery,	isposi creme	tion (Neme of story or other plec	e)		Dete	20c.	Location -	City or To	wn, Stete	
altimore,	Pages ment of I annt: If its ury or or		4 Donetion 5 Other (S		i Otato	St. S	Jos	eph's Ce	meter	y {	3/1/96	W.	Roxbu	ry,MA	A.	
ā	permit. Pages 1 end Depertment of Health Important: if Itam 27 any Injury or other tr once.		21. Signature of Funeral Service	Liganoph			22. 1	Neme end Addres	ss of Fecilit	y Jos	seph Gav	w1e	r's S	ions.	Inc.	
n	80 E 8 8		1 fund	el	00 40	417		30 Wisco								
		\vdash	23e. Pert1. Enter the diseese, or	complications that	caused th	e death. Do no							Ingu	,, ,	Approximete Intervel Between	
	Physician		shock, or heert feilure. List					. 1						ì	Onset end Deeth	1
4	/Medical		Immediete Ceuse (Finel diseese or condition	CON	16E	STIVE		HEARI	FA	411	LURE			1	1 VER	25
	Examiner		resulting In death)	θ.	De	e to (or es e co	nsequi	HEART ence of):						10	7 7611	
		ner		150	Her		1 /	ART	D /	1515	ASF			. 4		
	cuted nd ransi	Examiner	Sequentially list conditions	6. 1 0 U		e to (or es e co			D		7156	-	AND			
Š	an al		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	(15)	RE1	300V	15	CNLA	R	010	1448	6				
68/60 ,	ysici	edical	thet initieted events resulting in death) Lest	c	Du	e to (or es e cor	seque	enca of):								
	certificeta be executed iding physician and use as the buriel-transit	Jed	resulting in death) Lest											1		
ŏ	~ = -	an/M		d												
מ	v requires that the death been signed by the etter should be detached for u	Physicia	Pert II. Other significant condition	ons contributing to d	death but r	not resulting in ti	ne und	lerlying cause give	en in Pert I		23b. Did	tobac	co use co	ntribute to	the cause of dea	ath?
r O	by the	hy						, ,			1 🗆	Yas	2 No	3□ Prob	ably 4 Unkn	nown
	s the	by F		_				w v	_				Λ,			
ecords,	requiras thet the been signed by the should be detache										24e. Wes	en eu	topsy		ere autopsy finding	gs
S	law re	piet					_				pen	ormed'	ſ	cor	npletion of cause	
r	The la	Completed									10	Vae	21/10	1.	Yes 2□ No	
Zai	10 -	0	25. Wes case referred to medical	T					26 Place	of Deet	h (Check only		230 10			
	Attending Physician: or deeth. ector: After this cartific by the funeral director,	0 8	exeminer? 1 ☐ Yes 2 No	Hospital:	Inpatient	2 ☐ ER/Outp	ationt	3□ DOA Othe	05:	rsing Ho	./		е Пон	er (Specify	4	
Ö	Phys rthis eral di	Ë	27. Menner of Deeth	28e. Dete	of Injury	28b. Tin	ne of	28c. Injun Work			28d. Describe	-			7	
UNISION	tanding Fleeth.	tio	1 Neturel 5 ☐ Pendin 2 ☐ Accident Investig	138	nth, Dey Y	ear) Inju	iry		k? Yes 2 ∐ l	No						
S	Attan dee ctor	fica	3 ☐ Suicide 6 ☐ Could		e of Injury	- At home, farm	. stree	et, fectory, offica			28f. Location (Street	end Numb	per or Rura	i Route Number,	
É	offe Olire	Certification:	4 Homicide	build	ling, etc. (Specify)		,,			City or To	wn, St	efe)			
	spita nours neral		29a. Certifier 12 Certifyin	g Physicien: To the	e best of n	ny knowledge, d	leeth c	occurred et the tim	ne. date en	d pleca.	and due to the	cause	(s) and me	enner es st	ated.	
	Puletel	edical	(Check only 2 Medical one)	Examiner: On the b	pasis of ex	reminetion end/o	or inve	stigetion, in my or	pinlon, deel	th occur	red et the time,	dete e	end placa,	and due to	the cause(s)	
	To the Hospital or Attandi within 24 hours efter deeth. To the Funeral Director: A completely filled in by the fu	Me	29b. Signature end title of certifie	0.01		Q.		29c. License	e number			29d. [Dete signe	d (Month, I	Dey, Year)	
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	Sta	te	31. Dete filed (Month, Day, Yeer)	32.1	Registrer's	Signeture	~ /	11/20	-			1		m	800)
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						Certi	ficate of	Death		Reg. No.		
Н	Physic	ian	1. Decedent's Nama (First, Middle, L						2. Date of D Month	Dey	Yaer	3. Time of Death
	/Medi		Hazel Me	SSICK					07	28 0	76	196
	Exami	ner	4a. Facility Neme (If not institution, gr	valescent		nte	r	4b. City, Town, o		P	y of Deeth	
L	Funeral Director			Sex 1 □ M 2 F 7. Aga (In	yrs. last birt		f Under 1 Yaar Aonths Days	Hours Mi		irth ey, Year) 18-09	9. Birth	plece (Stete or Foreign intry)
	the Merylenc 28a-f show notified at	tor	MD. 10b. County PRINCE		BOW		ion					10d. Insida City Limits 1 ☑ Yes 2 ☐ No
	h with the 23a or 28a	al Director	10e. Street end Number 8054 QUIII POI	NT DRIVE			10f. Zip Code 207	20		10g. Citizen of U.S.		intry?
020	s 1 and 2 should be filed within 72 hours efter death with the Meryland if Health and Mental Hygiene. Item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examinar must be notified at	by Funeral	11. Marital Status 1 ☐ Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☒ Divorced	12. Wes Decedent Ever Armed Forces? 1 Yes 24 No If Yes, Giva Yaer or Detes:	in U,S.		s Decedent of Has, specify Cuba	dispanic Origin? an, Mexican, Pue Specity:	(Specify Yes or Norto Rican, atc.)	o- 14. Ra Ble Speci	eck, Whita	ican Indian, , atc. WHITE
21215-0020	vithin 72 hours ne. han "natural",	Completed	15. Decedent's Elementery/Secondery (0-12)		1 -	Deceden (Give kin life. DO		netion duning most of w d)	rorking	16b. Kind of I		ndustry GOVERNMENT
Maryland 2	2 should be filed within end Mentel Hygiene. is marked other than " aumatic event, the Me	o Be Co	12 17. Fether's Neme (First, Middle, Las JOHN F. WI	n LLIAMS	0.	A. O.			ame (First, Middle	e, Meiden Sume		50 V ERNMENT
ary	should I and Men marke umatic	Ĕ	19e. Informant's Neme/Reletionship	(Type, Print)	19b.	. Meiling /	Address (Street	and Number or	Rural Route Num	ber, City or Town	n, State, Zi	ip Code)
	1 and 2 Health e em 27 is		BARBARA GIBSON				ME AS	10e				
Baltimore,			20a. Method of Disposition ND*Burial 2 □ Cremetion 3 [4 □ Donetion 5 □ Other (Speci	☐Removel from Stete	cemeter	y, cremet	on (Neme of ory or other ple EMETER		Dete Y 31,1	20c. Location 996 SU		own, Stete
Ball	pemit. Page Department of Important: If any injury or once.		21. Signature of Funerel Septice Lior	703n	la	22 N	AROMA ST. N.	FUNERAI	L HOME	INC 25	4 CA 200	RROLL
	Physician		23e. Pert1. Enter the diseese, or cor shock, or heert feilura. List only	nplications that caused he yona ceuse on eech lije	deeth. Do n	not enter t	he mode of dylr	ng, such es card	ec or respiretory	arrest,	1	Approximete Intervai Between Onset and Deeth
Ī	/Medical Examiner		Immediate Cause (Finel disease or condition resulting in deeth)	e. Obue	to (or es e c	Conseque	tricerl	as t	ailur ens	R		humbs
	nsit fed	Examiner		b. Cerebro	· Va	jus	lan	axid	ent		- 1	6wKs
68760,	certificate be axecuted iding physician and ise as the burial-transit		Sequentlelly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	С	to (or es a c							
ox 687		n/Medical	resulting In death) Lest	d	to (or as e c	onsequer	nce of):					
8	death e ette	Physicia	Pert II. Other significant conditions	contributing to death but not	resulting In	tha unde	rlylng cause giv	en in Pert i.	23b. Dio	I tobacco use c	ontribute	to the cause of death?
s, P.O	requires that the desen signed by the (by Phy		-					1	Yes 2 No	3 Pro	obably 4 Unknown
Records,	2 S S S	Completed	107.8				_		24a. We	s en autopsy formed?	a	Vera autopsy findings vailabla prior to ompletion of cause f deeth?
al R	The ate h	Con							1 🗆	Yes 20 No	1	☐ Yes 2☐ No
of Vital	Physician: The this certificate and director, per	o Be	25. Wes casa referred to medical examiner?	Hospitei:			Ott	ier:	eeth (Check only			
	2 2 2	-	1 Yes 2 No 27. Menner of Deeth 1 Neturel 5 Pending 2 Accident investigation	28e. Dete of Injury (Month, Dey Yea	2 ER/Out 28b. T		28c. Injur	4 Mursing	Home 5 Res	how injury occu		ify)
Division	P C C	Certification:	3 Suicide 6 Could not leadermined		At home, fer	rm, street	, fectory, office	_	28f. Location City or To	(Street end Num own, State)	ber or Au	ral Route Number,
	To the Hospital or within 24 hours after To the Funeral Dirticompletaly filled in	edical (29e. Certifier 12 Certifying Pt (Check only one)	hysician: To the best of my miner: On the basis of exar end menner steted.	knowledge, ninetion end	, death oc	curred et the tir tigetion, in my o	ne, dete end ple plnion, deeth oc	ce, end due to the curred et the time	cause(s) end n , dete end place	nenner es , and due	steted. to the cause(s)
	To the within To the comple	M	29b. Signature and title of certifier	raule in	1		29c. Licens	1828		29d. Data sign	8/9	16
	10		30. Neme and eddress of person who	completed cause of deeth	(item 23e) (Type, Prir	7070	- Netel	Peri Hy	-Glev	Bus	in deprios,
	Sta Registr		31. Dete filed (Month, Dey, Year)	32. Registrer's S		1.10						

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State of Maryland / Department of Health and Mental Hygiene 96

96 24027

			Ce	ertificate of	f Death	F	Reg. No.	0 2	- 47 0 2 1
Dhar		Decedent's Neme (First, Middle, Last)				2. Dete of Dee Month		Vons	3. Time of Death
Phys /Me	ician dical	JACK H. MARGOLIS				7	26	96	112/01
Exan		4e. Fecility Neme (If not institution, give street end numb	er)		4b. City, Town, or Loc	ation of Deeth	4c. County	of Death	77
*(1		HOLY CROSS HOSPITAL			SILVER SPE	RING	MONT	GOMER	Y.
Funer Directo		579-42-6289 XX ** 2 F	Age (In yrs. last birthdey 88 Yrs.	Months Deys	r If Under 24 Hrs. s Hours Min.	8. Dete of Birth (Month, Pay IULY 15	, Yell 908	9. Birthple Countr NEW	ece (Stete or Foreig YORK
fand ow Mt		Usuel Residence of Decedent 10e. Stete 10b. County	10c. City, Town or L	_ocation				10	d. Inside City Limits
May May	ğ	MARYLAND MONTGOMERY	SILVER	SPRING					1 Yes XX No
h the Marytan r 28a-f show notified at	Director	10e. Street end Number		10f. Zip Code			10g. Citizen of	Whet Count	ry?
T S		9826 CHERRY TREE LANE		20901			UNITED	STATE	S
21215-0020 d within 72 hours after death with glore. r then "netural", or theme 23e or the Medical Examiner must be 1.	by Funeral	11. Meritei Stetus 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. Wes Decede Armed Force 1 Yes Sive Yes Give Yeer or Dete	No No	. Wes Decedent of If Yes, specify Cu	Hispanic Origin? (Speciban, Mexican, Puerto Rosento Specify:	oify Yes or No- lican, etc.)	Bie	ce - America ck, White, e	etc.
S-C	Completed	15. Decedent's Education (Specify only highest grade completed)	(Giv	edent's Usuel Occu	e during most of working	0	16b. Kind of B	usinass/inde	ustry
within within the Me	g	Elementery/Secondary (0-12) College (1-4	or 5+)	DO NOT use retir	red)		COVE	DAMEN	m
d 2 Hygie m, th		4. Esthada Nama (First Middle 1 ast)	5	TATISTIC	T	Print Add die		RNMEN	1
Maryland d 2 should be file th and Mental Hy T is marked oths traumatic event	To Be	17. Fether's Neme (First, Middle, Last) BENJAMIN MARGOLIS			18. Mother's Name	PALEY	Melden Suman	10)	
Saho Saho Sama Sama		19e. Informent's Neme/Relationship (Type, Print)	19b. Mai	ing Address (Stree	et and Number or Rural	Routa Numbe	r, City or Town	State, Zip (Code)
- 5000	1	JUDITH N. MACALUSO (DAUGH	TER) 2011	ROSEMOU	NT AVE. NW	WASHIN	GTON, D	C 200	10
0 - 2 - 4 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6		20e. Mathod of Disposition 1XXSurial 2 □ Cremetion 3 □ Removel from Sta	20b. Plece of Disp cemetery, cre	oosition (Neme of emetory or other pl			20c. Location	· City or Tov	vn, State
Page Page Int: If Iny or		4 Donetion 5 Other (Specify)	JUDEA	N	7-	-28-96	OLNEY	, MAR	YLAND
Saltimore emit. Pages 1.8 Montant of He moortant. If Nem ny Injury or othe	ŝ	21. Signeture of Eunerel Service Licensee		22. Name end Addi					
n ಪರ್ವಕ್ಷ	8	Keth			-GOLDBERG N				
		23a. Part1. Enter tha disaasa, or complications thet cau shock, or heert feilure. List only one ceuse on eed	sed the deeth. Do not er	nter the mode of dy	VILLE PIKE- ring, such es cardiec or	respiratory and	rest,		Approximete Intervel Between
Physicia	n	STOCK, OF HOUSE COLORED. Else Only one coulse of ego	i iii ii		٨	. 0	0 0		Onset end Deeth
/Medica	_	Immediete Ceusa (Final diseese or condition	a hoot	Henry	hour Oce	Iral a	lukero	+ /	10 days
Examine		resulting in daeth)	Due to (or a s conse		^				
D #	je Li	_ Seinere	Meuso	Costi	Carlena	cular	Dise	w	Years
BOX 68760, seth certificate be executed ettending physician and lor use es the burial-transit	Examiner	Sequentielly list conditions,	Due to (or es e conse	1					1
x 68760, entificate be execut ling physician and e es the burlat-trar		if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury	in Ohetu	ulune	hum Da	ear			VRay
68760, ficate be ex physician so the buria	Medical	that initieled events resulting in death) Last	Due to (or es e conse	quence of):	1				1
X 6 String properties	Me Me							į	
deeth o	an an	<u> </u>						1	
dS, P.O. BOX ires that the deeth cert signed by the ettendin d be detached for use	Physician	Pert II. Other significant conditions contributing to deat	but not resulting in the	underlying causa g	iven in Part I.	23b. Did to	obacco use co	ntribute to	the cause of death
that the detacle	돈	Deute Resperatory	Failure			181	98 2□ No	3 Prob	ably 4 Unknow
ords, requires to seen signe should be	d by		.0			24e. Wes 6	an autoney	24h Wai	ra autopsy findings
Record He law require He s been signed 2 should	Completed	Cargoster Dead	Faily	P	0	perfor		avai	lieble prior to
Hec e law hes t	E G	Non O Wang du	O. V	alufait.	tion		/	of d	leath?
= F # &		1000 Q 00000 100g	Caratra	1 ((Section)	1 D Y	es 2 No	10	Yes 2 No
Of Vital He Physician: The Lattice certificate he rail director, page	Be	25. Wes case referred to medical exeminer? Hospitel:		7	26. Pleca of Deeth	(Check only or	ne)		
Phys ral di	10 10	TETAS ZEINO 1 METIND	1	ent 3LI DOA	4 LI Nursing Hom)
On O ding Ph h. After thi funeral	lo	1 ☑Naturel 5 ☐ Pending (Month,	Day Year) 28b. Time (Injury	W	ork? □ Yes 2 □ No	sa. Describe n	ow Injury occur	red	
VISION Attending or death. ector: After by the fune	Cal	2 Accident investigation 3 Suicide 6 Could not be	laius. At home form of		7 12 10	of Location (S	treet and Numi	har or Pural	Route Number,
2 9 4 2 2	Certification:		Injury - At home, ferm, s atc. (Specify)	treet, lactory, office		City or Tow		AN OF MUIE	riodia ridilibar,
DIVISION To the Hospital or Attent within 24 hours effer death To the Funeral Director: completely filled in by the	edical (2lia. Certifier Check only Medical Examiner: On the basis end menner	of examinetion eng/or it	th occurred at that	tima, deta end piece, er opinion, deeth occurred	nd due to the c	ause(s) and mi	snnar as sta and due to	ited. the cause(s)
othe ithin or the	Me	29b. Signature and title of certifier	Sivied.	29c. Licer	nse number	2	29d. Dete signe	ed (Month, E	Day, Year)
F 3 F 8		11000 R	0 /4		25808		7/22	101	
		Thomas D	segue	1) N/	7 7 7 7 7		1/21	116	

HERMAN B. SEGAL, MD, 10313 GEORGIA AVE. #307 SILVER SPRING, MARYLAND 20902

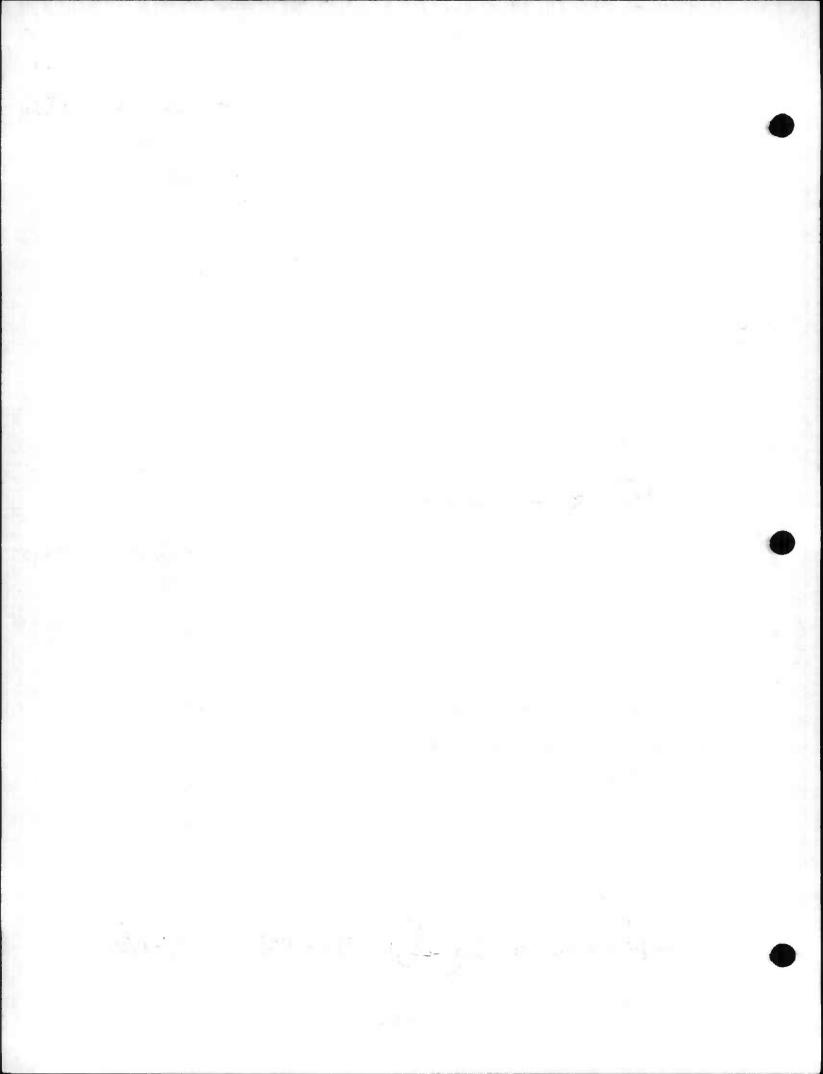
30. Neme end eddress of person who completed causa of death (from 23a) (Type, Print)

idia Davidson

31. Data filed (Month, Day, Year) 1996

Registrar

State



Pages 1, 2, 3 should

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zx hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Honiene prior to burial, cremation, or neuronal	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE	THE DE STEED	IMPOF

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96 24028 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DUORD ALKIN JULY 00254 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Del), Year FEB 9, 1 5. SEX 6. AGE (In vrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign HOURS 213-35-1262 1XXM 2 | F USSR RUSSIA 58 1938 9a. FACILITY NAME (If not institution, give stre 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SHADY GROVE ADVENTIST HOSPITAL MONTGOMERY ROCKVILLE RESIDENCE OF DECEDENT 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND MONTGOMERY ROCKVILLE XX YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 520 RUTGERS STREET 20850 NONE 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATE XX 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 3 Wildowed 4 Divorced BY Specify: WHITE COMPLETED 15. OECEDENT'S EDUCATION pecify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Spi Elementary/Secondary (0-12) College (1-4 or 8+) 12 BUS DRIVER PUBLIC TRANSPORTATION 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) BE IHOAN MALKIN ANNA (UNKNOWN) 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ZINA FINKELSHTEYN (STEP-DAUGHTER) 520 RUTGERS STREET ROCKVILLE, MARYLAND 20850 20s. METHOD OF DISPOSITION

XIX Burlal 2 Cremation 3 Ramoval from State
4 Donation 5 Other County 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata DATE CHESED SHEL EMMES Donation 5 Other (Specify) 7/25/96 WASHINGTON, D.C. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DANZANSKY-GOLDBERG MEMORIAL CHAPELS 1170 ROCKVILLE PIKE, ROCKVILLE, MD 20852 23. PART I. Enter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximata shock, or heart fellure. List only one cause on each line. Interval Batween IMMEDIATE CAUSE (Final **Onset and Death** disease of condition Encephalo balhy resulting in death) IVER DISEASE CERTIFICATION Sequentially list conditions, if any, leading to immediate Weeks DUE TO (OR AS A CONSEQUENCE OF) cause. Enter UNDERLYING hrmic CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initieted events reaulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO 24s. WAS AN AUTOPSY negative DSIS Se COMPLETION OF CAUSE 1 TYES 2 OF DEATH? 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\Boxed{1}\) NO \(\Boxed{1}\) UNCERTAIN \(\Boxed{1}\) 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 TES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Realdence 6 Other (Specify) 27. MANNER OF DEATH 280. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural м 1 YES 2 NO 8 Accident 28s. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide determined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2914 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Tuly 24 1996

muran Ke D29816 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ROCKVILLE MD

RADHEY MURARKA

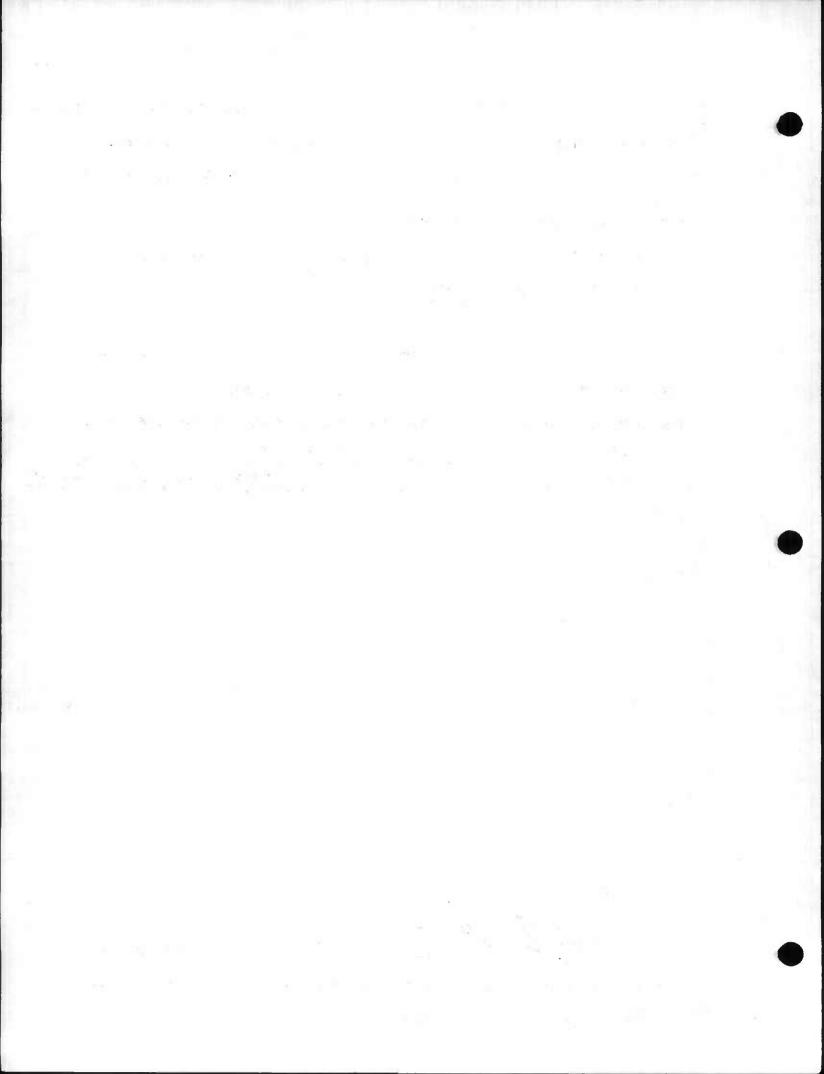
31. DATE FILED (Month, Day, Year) 32 REGISTRAR'S SIGNATURE JUL 3 0 1996 lie Tavidson-Randell .

State of Maryland / Department of Health and Mental Hygiene 96

24029

						Cer	tificat	e of	Death	1		Reg. No	o		- Y	0 2 3
			1. Decedent's Name (First, Middle, La	ist)				•			2. Data of D	eath			3. Tim	e of Death
	Physic /Medi		John	Halsey M	elone						July 2	29, Da	996	Year	1:	30 AM
	Exami		4a. Facility Name (If not institution, given	va street and number)					4b. City, To	own, or Lo	ocation of Dea		. County	of Death		- 1
			7500 Radnor Road						Beth	esda		M	lonte	omery		
	Funeral		Social Security Number 6. 5	Sax 7. Age	(In yrs. last i		If Under Months	1 Yaa Days		24 Hrs. Min.	8. Data of B	irth		-		ta or Foreign
L	Director		Usual Residence of Decedent	-X 201	73	Yrs.					Feb. 3			Color		
	Inylan show	_	10a. State 10b. County		10c. City, To	wn or Lo	cation							10		e City Limits
	e Me	cto	Maryland Montgom	ery	Beth	esda									1 🗆 Y	/es 2 No
	章 20 mm	Dire	10e. Street and Number				10f. Zip	Code				10g. Cli	tizen of V	Vhat Countr	y?	
	23a	Ta.	7500 Radnor Road					817					ed S	States	1	
	tomat mer mer mer mer mer mer mer mer mer mer	Funeral Director	11. Marital Status	12. Was Decedent E Armed Forcas?		13. V	Vas Deced Yes, spec	dent of cify Cu	Hispanic Or ban, Mexice	rigin? (Sp n, Puerto	ecify Yas or N Rican, etc.)	lo-		e - America k, Whita, et		l _a
Maryland 21215-0020	filed within 72 hours after death with the Maryland Hyglene. Ifter than "natural", or items 23s or 28s-f show ant, the Medical Examiner must be inclined at	by	1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 XYes 2 □ N If Yes, Giva Year or Dates:	⊌World War I	ı '	I □ Yes	2 X N	Specify	:			Specify	. Whi	te	
5-0	72 ho	Completed	15. Decedent's E (Specify only highest gro	ducetion	16	a. Deced	lent's Usua	al Occi	upation	nt of work	ine	16b. K	(ind of Bu	usinass/Indu	stry	
21	thin the	ple	Elementary/Secondary (0-12)	College (1-4or 5-	+)	life. L	DO NOT u	se retir	e during mos ed)	SI OF WORK	u ig					
2	filed within Hyglene. ther than that	Son		2		Wri	ter					I	iter	ature	1	
pu	should be filed nd Mental Hygi marked other imatic avant,	Be	17. Fether's Neme (First, Middle, Last)					18. Moth	er's Nam	e (First, Middl	e, Maiden	Su <i>ma</i> m	(a)		
yla	Meni Meni arke	2	Gerald Melone						Dor	othy	Bell					
lar	d 2 should be the and Mental I I is marked of traumetic avaitable		19a. Informant's Name/Relationship (Type, Print)	19	9b. Mailin	g Address	(Stree	et and Numb	er or Run	al Route Num	ber, City	or Town,	State, Zip C	Code)	
2	and eaith n 27		Pamela M. Melone	/wife	-				Road,	Bet	hesda,	Mary	1and	208	17	
ore	f ite		20a. Method of Disposition 1 □ Burlal 2 ○ Cremation 3 □	Removel from State	20b. Place came	of Dispo tery, cren	sition (Nar n <i>atory</i> or o	ne of ther p	y 30,	100	Date	20c. L	ocetion -	City or Tow	m, State	•
Ë	Pag ment ant: I		4 □ Donation 5 □ Other (Special		Mont	gome	ry Cr	ema	itoriu:	m, 11	nc.	Bet	hesc	la, Ma	iry1	and
Baltimore,	permit. Pages 1 and 2 s Department of Health ar Important: If Itam 27 Is any Injury or other trau once.		21. Signatule of Funcial Service Line	6000		22	. Nama an	d Add	ass of Facil	ityRob	ert_A.	Pump	hrev	Fune	ral	Home/
ш	897 29		NaidE.	omi.	м00803						e, Inc. 20814			VISCOL	15 111	Aveilu
	Tale I		23a. Part1. Enter tha disaase, or com shock, or heart failure. List only	plications that aused	the death. D									1 4	Approxi	mata Between
4	Physician															nd Death
И	/Medical		Immediate Cause (Finel disease or condition	Metast	atic I.	เทอ	Cance	r						1	Ye	ar
п	Examiner		resulting in death)	a	Due to (or as											
	D #	je l												į		
	nd	Examiner	Sequentially list conditions,	D	Due to (or as	a conseq	uence of):							i		
68760,	e exe ian a urial-		if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury											i		
876	ate b hysic the b	Medical	that initiated events resulting in death) Last	C.	Due to (or as a	consequ	uance of):									
×	the death certificate be executed by the attending physician and sched for use as the burial-transit	Me		d.												
Bo	attend for us	Physiclan/														
o	t the de by the s	ysic	Part II. Other significant conditions of	contributing to death bu	t not resulting	In the ur	nderlying c	ause g	iven in Part	I.	23b. Die	tobacco	USO COL	ntribute to t	the cau	se of death?
<u>α</u>	that the ded by detact										10	Yes 2	2□ No	3 Probe	ably 4	10 Unknow
Records,	8 5 8	d by					_				044 14/4	Call Hall		24h War	o auton	eu findinge
O	v requires been sign should be	Completed									24a. wa per	s an auto formed?	psy	avai	lable pri	sy findings for to of cause
3ec	S 55 CS	du												of de	eath?	
E	T est	ပိ									1□	Yes 2	XNo	10	Yes 2	2□ No
Vital	Physician: The this certificate ral director, pag	Be	25. Was case referred to medical examiner?	11-1-2						e of Deat	h (Check only	one)				
of	hys ig	၉	1 ☐ Yes 2X No	Hospitel: 1 Inpatier				7/1		ursing Ho	me SXXAe	-			1	
Ē		Certification:	27. Menner of Death 1 ☑ Natural 5 ☐ Pending	28a. Date of Injur (Month, Dey	Year) 28b	. Time of injury		8c. Inj			28d. Describe	how Inju	iry occuri	red		
sio	Attanding or death.	cat	2 Accident Investigation 3 Sulcide 6 Could not b				М		Yes 2	No						
Division	after d Direct J in by	=	4 Homicide determined	28e. Place of Inju building, etc.	ry - At home, . (Specify)	farm, stre	eet, factory	, office	1		28f. Location City or To	(Street all own, Stete		er or Rural	Route N	lumber,
	urs a rai Delli															
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edical	29e. Certifier 1XXCertifying Ph (Check only one) 2 Medical Exar	ysician: To the best of niner: On the bests of and manner stat	examination a	ge, death and/or inv	occurred restigation	et the t	time, dete ar oplnion, dea	nd placa, ath occur	and due to the red at the time	e ceuse(s e, date an	and ma d place,	enner as sta and due to t	ted. the caus	50(s)
	To the Vithin 2 To the complet	Me	29b. Signature and title of certifier	1/1	11	_	290	Licer	nse number			29d. Da	ata signe	d (Month, D	ay, Yea	ir)
	- > F 0		SAL	1			> I	0220	086			т	1,, 1	9, 19	96	
0	X		30 Name and address Process	nompleted source of de-	oth /Item 00-) (Time !	Delet)					Ju	ту 2	7, 19	20	
-	20		30. Neme and address of person who Frederick P. Sm:					anıı	o NII	u u	achinot	on	D.C	2001	5	
-		to	31. Dete flied (Month, Day, Year)	32. Registra		ss t el	LII AV	CIIU	C, IV.	W · W c	renting (.011,	D. U.	2001		
	Sta Registr		1111 0 0	Jula Ja		2										
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State of Maryland / Department of Health and Mental Hygiene 96

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								Cen	tificat	e of	Death			Reg. N	lo.		
	Physic	ian	1. Decedant's Nar	na (First, Middl	a, Last)								2. Date of D Month		ay	Yaar	3. Time of Death
	/Medi			DONALD	F.	Ma	ReNAUGI	IT_					JULY	29		.996	2:50 P
1	Exami				n, giva straat and n					12	4b. City, To	own, or L	ocailon of Dea	th 4	c. County	of Death	
_					ILLS NUR	1	CENTER	-	M I Indo	1 Vans	WHE A		T-1		1	ONTGO	
	Funeral Director		5. Social Security 024-03-		6. Sex 1 M 2 ☐ F		ln yrs. last bir]	thday)_ Yrs.	If Under Months	Days	Houra	Min.	8. Date of B	ay, Yea			lace (Stata or Foraign try)
1.00	JII ECTOI		Usuai Rasidance			7	4				ļ		OCT.	13,1	.904	R.	I.
ylan	how		10a. Stata	10b. County		1	0c. City, Town	n or Loc	ation							1	Od. Insida City Limits
. N	F #	Ç	MD.	MONI	GOMERY		E	ETHI	ESDA								1∭ Yas 2 No
6	0 2 2 2 3 10	Director	10e. Street and Nu	umber					10f. Zip	Coda				10g. C	Itizen of	Whet Coun	try?
death with the Maryland	23a		922	O SEVE						208						.S.A.	
	Hem DBC1	Funeral	11. Maritai Status	ried 2 📉 Marr	12. Was Dad	cedant Eva orcas? 2 📉 No	ar in U,S.	13. W	as Daced Yes, spe	dant of H cify Cuba	lispanic Or an, Mexicai	igin? (Sp n, Puarto	pacify Yas or N Rican, atc.)	0-		ce - Americ	
of 2 should be filed within 72 hours after	"naturs!', or items 23a or 28e-f show tdical Examiner must be notified at	by	100	4 ☐ Divorced	If Yas, G Yaar or	ive		1	□ Yas	2⊠ No	Specify:	:			Specif	y: WH	ITE
72	natra	Completed	(Spa	15. Decedent cify only highes	's Education at grada complatad)	16a.	Give k	ind of wo	al Occup rk dona	ation during mos	st of worl	king	16b.	Kind of B	usinass/ind	lusiry
filled within	The M	Ę	Elamantary/Sec	ondary (0-12)	Collaga 5-h	(1-4or 5+)									CITT	D 7011	TT D TILO
pelli	£81		17. Fathar's Nama	(First, Middla,				1/1/2	AVAL	AR	18. Moth		na (First, Middle	e. Meida	SHI n Suman		TILDING
ould be	narkad o markad o matic eve	To Be		MALCOL	M Ma	eNAUG	गाम						RTHA		HOR		
aho.	D E E	-	19a. Informant's N			ONTIOU		. Mailing	Address	(Street	end Numb		ral Routa Num	ber, City			Code)
oemit. Pages 1 and 2	allth a 127 is er trau		ELLEN	U. Ma	eNAUGHT/	WIFE.		SAI	ME I	AS :	ITEM	#10)				
- 1	or oth		20a. Method of Dis		3 □Ramovai from		20b. Pieca of	Disposi	ition (Ner	na of othar plac	ce)		Data	20c.	Location	City or To	wn, State
Pages				5 ☐ Othar (S _i		1 Stata	CHAMB	ERS	CRE	MATO	RY		7/31		RIVE	RDALE	, MD.
permit	Department important: I any Injury o		21. Signature of F	unarai Sarvice	Licensee	1	2	22.	Nama ar	nd Addras	ss of Facili	ty					
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	300		23a. Pert1. Entar shock, or had	tha diseasa, or art failura. List	complications thet	causad the	a daath. Do r	not entai	r tha mod	la of dyin	ig, such as	cardiac	or raspiratory	arrest,			Approximata Intarval Batween
	ysician	П															Onsei and Death
	Medicai aminer		immediate Causa disaasa or condiji rasulting in death)	on	a. N	IULT:	I-INFA	ARC	r d	EME	NTIA						YRS.
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e pe	rsicia e bur		that initiated event	S	C	Du	a io (or as a c	00000011	anaa afi:								
certificete be executed	iding physician end ise es the buriel-transit	VMedical	rasulting in daath)	Last		Du	a 10 (01 as a 0	orisaqui	arice orj.								
		an/l		,	d												
death	by the etter teched for u	Physician	Part il. Othar afgni	ficent conditio	ns contributing to c	death but n	ot resulting Ir	tha uno	derlying c	ause giv	en in Part I	1.	23b. Dio	tobacc	o use co	ntribute to	the cause of death?
that the	ed by t detech	Phy	ACDTRA	TTON E	NEUMONI	- h C	FDCTC	2 1)	VVC	MAT.	иπъ	TAT. 10	Yes	2X No	3 Prob	ably 4 Unknow
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he lew requires	peen si	Completed	FIBRIL	LATION	, DECUE	BITI,	CACE	IEX]	IΑ				24e. We per	s en eut ormed?	opsy	ava	ere eutopsy findings allabia prior fo mplation of causa
9 0 W	SC	E E											1			of o	death?
The	certificate he rector, page												1 🗆	Yas	2 X No	1[Yas 2□ No
Physician:	certific irector,	o Be	25. Was casa rafa axaminer?	_	Hospital:					Oth			th (Check only				
	rthis aral dir	├	1 ☐ Yas 2 💆 27. Manner of Daa		28a. Data		2 □ ER/Ou 28b. T	ipalient ime of	3□ DC	JA	4 KX-NU	ursing Ho	ome 5□ Res 28d. Dascriba				')
Attending	of funer	ertification:	1 Natural 2 Accident	5 Pending	g (Mor	nth, Dey Y		njury	М	8c. Injun Worl	k? Yas 2□	No		,	,		
Atten	ener deam. Director: A d in by the fu	fica	3 ☐ Suicida	6 ☐ Could r	ot be 28e. Piec	e of Injury	- At home, fe	rm, straa	at, factory	, office		671				oer or Rura	l Route Number,
0 4	Direction of in	Cert	4 Homicide		build	fing, atc. (Specify)						City or To	wn, Sta	ta)		
Hospital 24 hours o	within 24 hours end To the Funeral Dir completely filled in	edicai (29a. Certifier (Check only one)	1 Certifying	Physicien: To the Examiner: On the b	e best of moasis of ex	aminetion end	, death o	occurred astigation	et the tim , in my op	ne, dete en pinlon, dee	nd place, oth occur	end due to the red at the time	ceuse(s) and mo	enner es st and due to	eted. tha cause(s)
To the	ompl	Me	29b. Signatura and	titla of certifier					290	. Licans	e number	-		29d. D	ata signe	d (Month, I	Day, Year)
- 3	0		> M	the e	Than	. 0	6			D08	9//				.7777	v 20	. 1996
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)	4		MARtIN		HARGEL	M.I				RAG	ַ יייןן ∆	VE	KENSI	NCT	ron	MD	20895
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be used to burial throughout the burial throughout through the burial throughout the burial throughout the burial through the burial throughout the burial throughout the burial through the burial throug	If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After	IMPORTANT: If Item 28 Is marked

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG NO.

	1 - FOR STATE OF MARY		CATE OF		MENTAL HYGIEN	E						
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH					
ľ	Frances P. Miller				July 29,		4:45 P. M					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BI	IRTHPLACE (State or Fornign ountry)					
i	578-26-3933 1 M 2 🗓 F	570-20-5955										
œ		0		OR LOCATION OF DE	ATH	9c. COUNTY O						
DIRECTOR	Shady Grove Adventist Nursing	g Center	Roc	kville		Mont	gomery					
Si l	10a. STATE 10b. COUNTY	10c. CITY	, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?					
8	Maryland Montgomery	Roo	ckville				1 YES 2 NO					
	10e. STREET AND NUMBER			I. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?					
FUNERAL	13204 Dumbarton Drive		1 2	20853		United	d States					
5	11. MARITAL STATUS 12. WAS DECEDENT EVER		13. WAS DE	CENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	or No.— 14. F	RACE — American Indian, Black, White, etc.					
	1 Never Merried 2 Married FORCES? 1 YES, OIVE WAR OR	S 2 X NO		ecity Cuban, Maxica 2 NO Specify	n, Puarto Rican, etc.)	5	Specify:					
ВУ	3 Wildowed 4 Olvorced						White					
핃	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S (Give kind of w	rork done during m	ON ost of working	16b. KIND OF BUS	BINESS/INDUSTR	4A					
Ш	Elementary/Secondary (0-12) College (1-4 or 5+)	iile. Do NOT us										
MP	10	Homemake	er		Own H		47 50 4 7					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maiden	Surneme)						
BE	David E. Miller			Annie P								
9	19e. INFORMANT'S NAME (Type/Print)				Route Number, City or Tow							
F	Judy Inabinet/Friend				10, Bethes							
	20a. METHOD OF DISPOSITION 1 Burlal 2 X Cremetion 3 Ramoval from Stala	0b. PLACE AND DATE C emetery, crematory or of	her place), T11 3	7 30. 199	6 DATE 20c, LO	CATION — City of	or Town, State					
	4 Donatus 6 C Other (Specify)	Montgomer	y Cremat	oriúm, 1	nc. Bet	hesda,	Maryland					
	20a. METHOD QE DISPOSITION 20b. PLACE AND DATE OF DISPOSITION Name of cemellary, cremetory or other place) July 30, 1996 Date 20c. LOCATION — City or Town, State 20b. PLACE AND DATE 20c. LOCATION — City or Town, State Cemellary, cremetory or other place) July 30, 1996 Bethesda, Mary I 21. SIGNATURE OF UNDER SERVICE LOCATION — City or Town, State Cemellary, cremetory or other place) July 30, 1996 Bethesda, Mary I 22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey											
	Home/Bethesda-Chevy Chase, Inc. 7557 Wisconsin Avenue, Bethesda, Maryland 208											
	23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, App											
	shock, or heert failure. List only one ceuse on each line.											
	IMMEDIATE CAUSE (Final disease or condition											
	resulting in death) a. Aspiration Pneumonia DUE TO (OR AS A CONSEQUENCE OF):											
_	b. Cerebrovascular Accident											
CERTIFICATION	Sequentielly list conditions, DUE TO (OR AS	A CONSEQUENCE OF):				Weeks					
M	cause. Enter UNDERLYING Pentic IIIcer Disease											
F	CAUSE (Disease or injury that initiated events Due TO (OR AS A CONSEQUENCE OF):											
H	resulting in death) LAST d. Hip Fracti	ure					7 Months					
	DART II Onto a legitle and an ellel and a death		to the control of the fo		B-41 B- 110		24b. WERE AUTOPSY FINDINGS					
MEDICAL	PART II. Other significant conditions contributing to death	Dut not resulting	n the underlying	g causa given in	Part I. 24a. WAS AN PERFOI		AVAILABLE PRIOR TO					
ă					1 [] YES 2	≥ X NO	OF DEATH?					
ME							1 TYES 2 NO					
ä	DID TOBACCO USE CONTRIBUTE TO CAUSE				N L							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER Dr. Francis Hospital: X YES 2 NO MAY 1 1	28. PLACE OF DEAT	OTHER:									
YSI	7/00/06	utpatient 3 🗆 DOA		ne 5 🗆 Residenca	6 Cother (Specify)							
PH	(Month Day Year			JURY AT ORK?	26d. DESCRIBE HOW	INJURY OCCURE	iD .					
BY	1 Netural 5 Pending 2 Accident Investigation		M 1 🗆	YES 2 NO								
	8 Could not be building, stc. (S)	RY — Al home, farm, i pecify)	street, factory, offi	ce	26I. LOCATION (Street City or Town, State,	and Number or R	ural Route Number,					
E	4 Homicide determined		-114									
COMPLETED	29e. CERTIFIER (Check only 1 X) CERTIFYING PHYSICIAN: To the best of my kn	owledge, death occum	ed at the time, dat	e and place, and due	to the cause(a) and ma	nner as stated.						
OM	one) 2 MEDICAL EXAMINER: On the beals of examins	tion and/or investigation	n, in my opinion,	death occured at the	time, data and place, as	nd due to the car	use(s) and manner as stated.					
-	296. SIONATURE AND TITES OF CERTIFIER			29c. LICENSE NU	MBER	29d. DATE SIG	GNED (Month, Day, Year)					
B	Palisar D Telle	PRI	ND	D21	392	▶ July	30, 1996					
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH RIES 27) (Type	Print)									
		/		Rockvi11	e, Marylan	d 20851						
	31, DATE FILED (Month, Day, Year) 32, REGISTRAR'S SI				-, -10-1 -011							
	AUG 01 1996 Julia David	SON-Randall	-									
	<u> </u>											

State of Maryland / Department of Health and Mental Hygiene 96 24032

						Certificate o	f Death	Re	eg. No.	,	- 700E	
			1. Decedent's Neme (First, Middle, L	ast)				2. Date of Deet Month	-	CHI.	3. Time of Death	
	Physicia /Medic		MARIO	VENTURA MAI	RTIN			JULY	30, 19	Year 96	10:30 PM	
	Examir		4a. Facility Name (If not institution, g				4b. City, Town, or	Location of Death	4c. County			
			N.I.H. CL	NICAL CENTE	ER		BETHE	SDA	MO	NIGO	MERY	
	Funeral Director		215-33-3648	Sex 7. Aga 1 M 2 □ F	(In yrs. lest bir 42	thday) If Under 1 Yas Months Day			Year) ,1954	Cou	pleca (Stete or Foreign ntry) IPPINES	
	2 *		Usuel Residence of Decedent 10a State 10b. County		10c. City, Tow	n or Location					40d traile Ob Albah	
	sho sho dat										10d. Inside City Limits 1 Yas 2 No	
	7 San	Director	MD PRINCE 10e. Street end Number	GEORGES		UPPER MARLI			0			
	ours after death with the Maryla Inf., or Items 23a or 28a-f show Examinar must be notified at		16 LAUGHTO	774	10	0g. Citizen of W		PPINES				
	r dei	Funeral	11. Maritel Stetus 12. Was Decedant Evar In U,S. Armed Forces?		var In U,S.	13. Wes Decedent of If Yes, specify Cu	Hispanic Origin? (Suban, Maxican, Puar	Specify Yas or No- to Rican, etc.)		- Americk, Whita,	can Indian,	
21215-0020	hours after turnif, or its al Examine	b	1 ☐ Never Merried 2 ② Married 3 ☐ Widowad 4 ☐ Divorcad	1 ☐ Yas 2 🕅 No If Yes, Give Yeer or Detes:		1□ Yes 2□N	o Specify:		Specify:		ASIAN	
5	72 hours 'natural', sScal Exi	Completed	15. Decedent's I		18e.	Decedent's Usuel Occ (Give kind of work don	upation	orking	16b. Kind of Bu	siness/in	ndustry	
2	10 cm	nple	Elementary/Secondery (0-12)	College (1-4or 5+	•)	life. DO NOT use reti	red)	and g				
	w be constituted at	ő			SHERIFF			TOWN I		ILIPPINES		
밑	the de the transfer of the tra	Be	17. Father's Name (First, Middla, Las			18. Mother's Ne	me (First, Middle, A	Aaiden Sumame	9)			
Maryland	Part of	2	MAXIMO	MARTIN				ANNA	VEN	TURA	A	
Aar			19a. Informent's Neme/Reletionship			. Meiling Address (Stre	et and Number or R	lural Route Number,	City or Town,	State, Zip	o Code)	
-	and saith n 27		ELEONORA M. FOR	RONDA/SISTER			TEM #10					
ö	If of H		20e. Method of Disposition 1 DI Burial 2 Cremetion 3	Removel from Steta	20b. Pleca of cemeter	f Disposition (Neme of ry, crematory or other p	lece)	Dete 2	20c. Location - (Olty or To	own, Stata	
altimore,	S S H L		4 □ Donetion 5 □ Other (Spec		GATE	OF HEAVEN	CEMETERY	8/3	/3 SILVER SPRING, MD			
Balt	Departr Departr Importa any inju		21. Signatura of Funerel Sarvice Uni	aliente.	1/00000	22. Nama and Add	•					
-		Н	23a. Part1. Enter the disease, or col	nnlications that caused t	M00091		AMBERS CO.			. 20	Approximeta	
	Dhusisian		shock, or heert failure. List ont	y one ceuse on aech lina	l.	not onto the mode of a	ying, such as cardia	ic or respiratory arre	,	1	Intervel Between Onset and Death	
	Physician /Medical		Immediate Cause (Final	(1				7 \ 4				
	Examiner		diseesa or condition rasulting in deeth)	e COA	6 M	LOPAT	HM				+ DAYS	
		ē		A		consequence of):		/ /	1		2	
	uted insit	튵				5 YEARS						
Ć,	icata be executed physician and s the burial-transit	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Causes (Disease or Injury) Cause (Disease or Injury) Cause (Disease or Injury)									
68760,	a be sicia											
68	ficat g phy as th	Medical	resulting in deeth) Last Due to (or es e consequence of):									
X	leath certific attending p			d	_							
Boy	d for	icia	Pert II. Other significant conditions	contribution to death but	not requiting le	the underlying severe	niven In Port I	22h Did to	hanna usa nam	definado d	o the cause of death?	
0	res that the de igned by the a be detached i	Physician/	Total algunican conditions	contributing to death but	not resulting in	i the underlying cause	given in ren i.	1 \(\text{Ye}	244		bably 4 Unknown	
σ,	that ned be det	by P							es ADINO	3 FIO	COOLIN 4 OHKHOWN	
of Vital Records,	requi	Completed b						24e. Wes ar		av	fere autopsy findings vailable prior to empletion of cause death?	
æ	0 - 5	mc						1 2 (ya	0 DNs			
a	ician: Th	O	25. Was casa referred to medical	1						11	☐ Yes 2 No	
5	Physician: this certific ral director,	00	examiner?	Hospitel:	• • • • • • • • • • • • • • • • • • •		When	eth (Check only on				
of	Phys ral d	- To	1 Yas No	28e. Dete of Injury		Itpatient 3LI DOA	4 LI Nursing I	Homa 5 Rasida 28d. Describe ho		- ' '	fy)	
Division	Hing After fune	Certification:	1 Netural 5 ☐ Pending	(Month, Day	Year)	njury W	ork? □Yes 2□No	200. 2000 100 110	Williamy Cocume			
S	Attending or death.	lca	3 ☐ Sulcide 6 ☐ Could not	De One Diese of Injure	v - At home fe	orm, street, fectory, offic		28f Location (St	reet and Numbe	er or Rur	al Route Number	
5	or A after Direction b	ert	4 Homicide determine	building, etc.	(Specify)	ini, street, rectory, onle	•	28f. Location (Street and Number or Rural Route Number, City or Town, State)				
_	Hospital or 24 hours afte Funeral Dir stely filled in		29e. Certifier 1₩ Certifying P	hysician: To the best of	my knowledne	death occurred at the	time, data and place	e and due to the co	ueo(e) and mar	Dog oc i	etated	
	To the Hospital or Attent within 24 hours after death To the Funeral Director:. completely filled in by the	edical		minar: On the besis of e	xaminetion en							
	To the within 2 To the comple	Me	290. Signature and title of certifier	, /	29c. Lica	M. 1 1 25	9d. Date signed	(Month,	Dey, Year)			
	->-0		1 mus Ef	Thank!	MD	Nac	nsa number MAK	8	17/2	20	196	
			30 Name and address of parect with	completed cause of day	th (Itam 02c)	(Type Brint)	2020		1 1-		7000	
	5		30. Neme and eddress of person who	BUTRYNS	KI,M	.D., NCI, I	BLO610,	RM 12N	226 8	ETHE	196 000, MO 893	
	Sta Registr		31. Date filed (Month, Day, Year) AUG 0 1 1996	32. Registrer	's Signature	dell						

CONTRACTOR AND PARTY AND THE LEGISLAND WAS ARRESTED FOR SHOOT AND INCIDENCE.

24033

	7	me	ended #19b. 8		Ctv		ertificate of				ea. No.		· 7 U	00
			Decedent's Neme (First, Midd		W, MOII					2. Data of Deat	h		3. Time o	of Deeth
	Physicia /Medic						July 26	26, 1996 Yeer		1:38	AM			
	Examir		4a. Fecility Nema (If not institution		. Meads			4b. City, To	wn, or Lo	cation of Death	4c. County	of Deeth		
			Shady Gro	ve Adventis	t Hospi	tal		Ro	ckvi	11e	Mon	ntgome	rv	
	Funeral		5. Sociel Security Number	6. Sex. 7.	Age (In yrs. last		y) If Under 1 Year Months Days			8. Dete of Birth (Month, Day)			iaca (State	or Foreign
	Director		577-10-6471	1 □ M 2 □ F	82	Yrs.	Months Buys	110013	WOEL.	Nov. 24	,1913	Washi	ngton	, DC
	pu &		Usuel Residence of Decedent 10a. Steta 10b. Count	h	10c. City, T	oum or I								
	sho sho	5		f	Too. City, T							10	Od. finside C	2 XNo
	the N	ect	Maryland Mont	gomery		Sil	ver Sprin	g						2 LANO
	with with	ក់		1 1101			10f. Zip Code	,		,	Og. Citizen of \			
	ours effer deeth with the Marylar sal, or items 23s or 28s-1 show Examiner must be notified at	Funeral Director	13702 Modrad Wa			12	2090		ain? (Car	noity Voc or No	United	d Star		
	her d	Fu	1 Never Merried 2 Ma	12. Wes Decede Armed Force arried 1 \(\text{Yas} \) Yas 2		13.	. Wes Decedent of I If Yes, specify Cub	an, Mexican	, Puarto	Rican, atc.)		ck, White, a		
320	P. 9	by	3 □ Widowed 4 □ Divorce	If Yes Give			1□ Yes 2□No	Specify:			Specify	. Wh	ite	
21215-0020	172 hours efter deeth with the Maryland "natural", or itema 23a or 28a-1 show adical Exampler must be notified at	Po	15. Decede	ent's Education	-	6a. Dec	edent's Usuei Occu	pation			16b. Kind of Br			
218	hin 7	Completed	(Specify only high) Elamentery/Secondery (0-12)	ast grade completed) College (1-4c	v 5.1)	(Giv life.	e kind of work done DO NOT use retire	during most ed)	t of worki	ing			•	
21	e filed within al Hygiene. other than "	E O	Clambriday/56condery (5-12)	4	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Civ	il Engine	er			Constr	uctio	n Com	pany
Pu	be file d othe event	Be	17. Fether's Neme (First, Middle	e, Last)				18. Mothe	r's Neme	Neme (First, Middle, Melden Surneme)				
Maryland	should be and Mental marked or umatic eve	To	James Eu	ugene Meads				I	Martl	na Hayni	e			
a	2 sho end la ma auma		19e. informent's Neme/Reletion	nship (Type, Print)	1	9b. Mei	ling Address (Street	and Numbe	er or Rure	al Route Number, City or Town, Stete, Zip Code)				
			James H. Meads	s/Son	1	370	2 Mondrad	-Way,	Apt.	.#24, Si	lver S	pring	, MD	20904
Baltimore,	00		20e. Method of Disposition 1 Ži Burial 2 ☐ Cremetion	2 Demousi from Sta	20b. Plece	of Disp	position (Neme of emetory or other ple WIN	ce) July	7 31,	, 1996	20c. Location -	City or Tov	wn, State	
Ē	permit. Peges Department of I moortant: If its iny Injury or or		4 Donetlon 5 Other (W Hyatt Unit	stor	wn Methodist	Churc	h Ce	emetery	Hyattstown, Maryland			Land
a	Depart Depart Import any Inj phos		21. Signature of Funeral Service	e Licensee		Ŕ	22. Name end Addre	ess of Facilit	rev	Funeral	Home /			
ш	20759		22. Name and Address of Facility Robert A. Pumphrey Funeral Home/ Rockville, Inc. 300 West Montgomery Avenue M00335 Rockville, Maryland 20850											
		23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line.												ite itween
	Physician		Onsat and Death											Death
1	/Medical Examiner	disaasa or condition												
	LAGIIIIICI	ايا	resulting in deeth) e. Due to (or as a consequence of):											
	pe tis	in a	reguy esophogene											
	tificate be executed g physician end es the burial-transit	Examiner	Sequentielly list conditions, if eny, leeding to immediate											
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687	g physes the	edical	resulting in deeth) Last Due to (or as a consequence of):											
Вох	certifi nding use e	-		d										
ă	attendin	ciai	Dadil Abarahan Marahan							L and mray				
P.0.	that the de ed by the deteched	Physician/N	Pert II. Other significant conditi	tons contributing to death				-	-		bacco use co			
	requires that the deeth cer een signed by the attendin hould be deteched for use	by P	1) alle	us r	nee	u	tus, men			1 🗆 Y	s 2 Mino	3 Prob	ably 4	Unknown
Records,	w requires that been signed I should be det	Da Da	Mala	(11.01	10		7		24e. Wes e		24b. We	re autopsy	findings
00	s bee	plet	- Jake	c wie	SOC	e,	nen	un		perform	ned?	CON	illable prior npletion of deeth?	cause
R	The lew ate hes b page 2 s	Completed	Hodaka	lemi						1 □ Ye	s 2√2No] No
Vital		Be C	25. Was gaze referred to medica	al				26 Place	of Deeth	(Check only on				
>		ToB	examiner? 1 ☐ Yes 2 X No	Hospitel:	itient 2 ER/	Outpatie	ent 3 DOA Ott	her		me 5 Reside		er (Specify	·)	
יסף	ang Phys After this funeral d		27. Menner of Deeth	28e. Dete of Ir	niury 28t	o. Time				28d. Describe ho			,	
Ö	Attanding or death. Sector: After by the fune	atlo	1 Meturel 5 ☐ Pendi 2 ☐ Accident Invest	tigation (Worth,	Joy roan	прогу		Yes 2 □ I	No					
Division	er de recto	Certification:	3 ☐ Suicide 8 ☐ Could 4 ☐ Homicide determ	mined 286. Piece of	njury - At home, etc. (Specify)	ferm, s	treet, fectory, office		1	28f. Location (St City or Town	reet and Numb	er or Rural	Routa Nun	nber,
	rs eft al Di led in	Cer		o o o o o o o o o o o o o o o o o o o	o.o. (opco.,y)					ony or rom	, 51010,			
,	To the Hospital or Attanding I within 24 hours effer death. To the Funeral Director: Affer completely filled in by the fune.	edical	(Check only 2 Medical	ing Physician: To the best f Examiner: On the basis	of my knowled of exeminetion	lge, dee	th occurred et the ti	me, dete en	d plece, a	and due to the ca	use(s) and me	end due to	ated. the cause(a)
	thin 2 the	Med	one) 29b. Signature and title of certific	end menner	steted.		29c. Licens				9d. Dete signe			
	5 ¥ 5 00		1101	+4	020	1	1	- 4 114111401		-	July Sold algille	- (month), L	.uy, 1001/	
			20 Name and all	cuffer	rehr	Lac	A CONTRACTOR OF THE PARTY OF TH	D 0411	15		July :	26, 19	996	
			30. Neme end eddress of person				1		D = +1		1 1	2000	17 11	
	Sta	te	H. Robert Birse 31. Date filed (Month, Day, Year) 32 Regis				evard	peti	nesda, M	aryıan	T 708	1/-16	04
	Registr		AUG 021	996	Strate Signeture	Mana	مالك							

 75-11-21-29-58
 76-12-21-29-58

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death 24 2:45 Am Orco ElJa Inlu ICNI 4e. Fecility Neme (If not Institution, giva straat end number) 4b. City, Town, or Location of Death 4c. County of Deeth Holy Cross Hospital Silver Spring Montgomery 8. Date of Birth (Month, Dev. Ye Sept 1, if Under 1 Yeer if Undar 24 Hrs. 5. Social Security Number 7. Age (In yrs. lest birthday) 9. Birthplece (State or Foreign 1970 Virginia 1 □ M 2 🔀 🕶 Days Hours Months 579-96-1663 25 Vrs Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Montgomery 1 Yes 2 No Silver Spring 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 2615 Terrapin Rd, 20906 U.S.A. 12. Wes Decedent Evar in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 11. Maritai Status 14. Race - Amarican Indian, Bleck, White, etc. 1 ☐ Yas 2X No If Yas, Give Yeer or Detes: 1 Never Merried 2 ☐ Married 1 Yes 2 No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced Black 15. Decedent's Education (Specify only highest grede completed) Decedent's Usuel Occupetion
 (Give kind of work done during most of working life. DO NOT use retired) 18b. Kind of Business/Industry Eiementery/Secondery (0-12) Coilege (1-4or 5+) Salesperson Bazooka Co. 12th Grade 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Ralph Faltz L. Moore Mary 19e. Informant's Name/Reletionship (Type, Print) (Mother) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 9 0 6 2615 Terrapin Rd, Silver Spring, Mrs Mary E. Moore 20b. Plece of Disposition (Nema of cematary, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete Buriei 2 ☐ Cremetion 3 ☐ Removel from Steta Harmony Memorial Cem 7/31 4 ☐ Donetion 5 ☐ Other (Specify) Landover, Md 21 Signature of Funaral Sarvice Lices 22. Name and Address of Facility
Snowden Funeral Home P.A. 20850 246 N. Washington St, Rockville, Md 23a. Partt. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, abook, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in deeth) 60 becter in Due to (or es e consequence Due to (or as e consequence of 23b. Did tobacco usa contribute to the cause of death? 1 ☐ Yas 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24a. Wes an autopsy performed? 24b. Were autopsy findings available prior to completion of causa of death? 1 Yes SZ No 1 ☐ Yas 2 ☐ No 25. Was case referred to medical examiner?

Physician /Medical Examiner

Physician

/Medical

Examiner

10a. State

Funeral

Director

r 28a-f show show

Examiner must be a

pemit. Pages 1 and 2 should be filed within 72 hours efter death v Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a and highery or other traumatic event, the Medical Examinat means once.

Baltimore, Maryland 21215-0020

Director

Funeral

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Completed

Be 2

with the Maryland

Examiner physician and the burial-transit 88 esn. for signed by the a 8 cartificate has director,

requires that the deeth certificate be exec

Attending Physician:

9 24 hours a Funeral D

this

After

after death. Director: Aft

To the within 2

Division of Vital Records, P.O. Box 68760,

Physician/Medicai ð Completed Be 2 funeral Certification:

Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last

1 Yes 2 No

27. Manner of Deeth

Naturel 2 Accident

3 Suicide

29a. Certifier (Check only one)

4 Homicide

Part il. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.

28. Place of Death (Check only one) Hospitei: 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 28b. Time of Injury

Other: 4 Nursing Home 5 Residenca 8 Othar (Specify) 28c. injury et Work? 28d. Describe how injury occurred 1 ☐ Yes 2 ☐ No

28e. Piece of Injury - At home, ferm, street, factory, office building, etc. (Specify)

28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end place, and due to the cause(s) and manner stated.

29b. Signature end titia of certifier

5 Pending Investigation

8 Could not be determined

29d. Dete signed (Month, Day, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) luchmore Ngrew

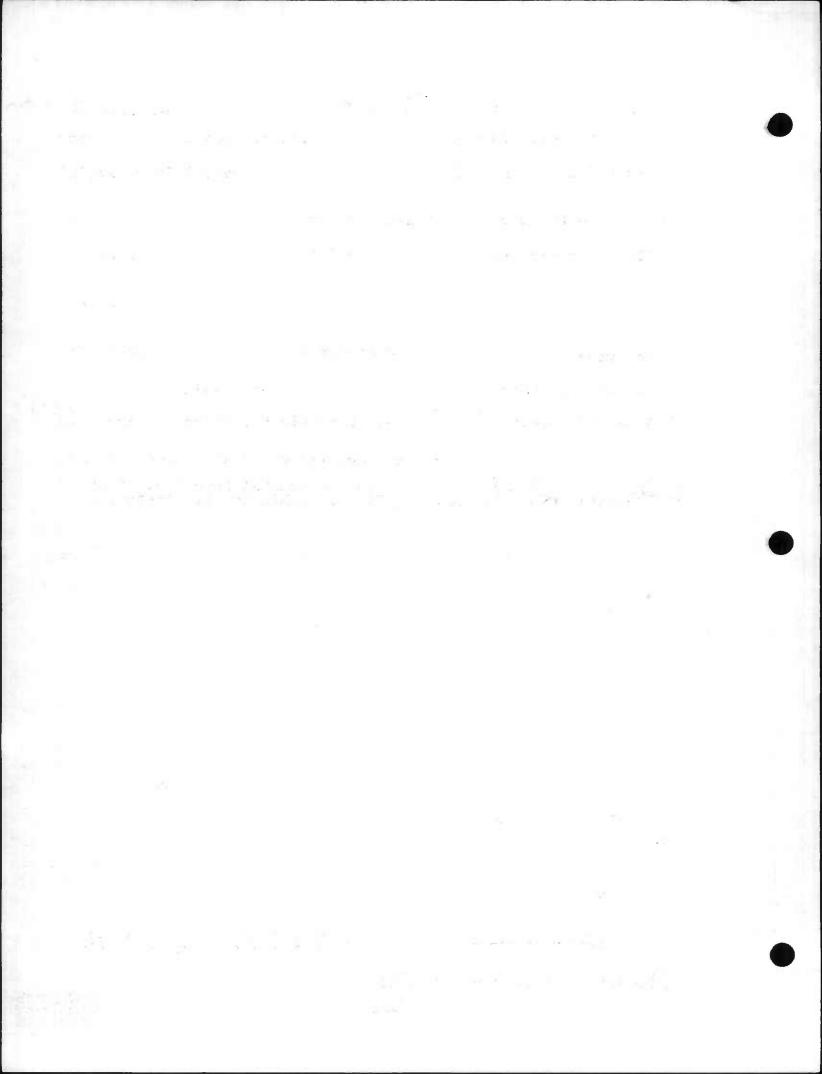
Registrar

edicai

31. Dete filed (Month, Day, Year)

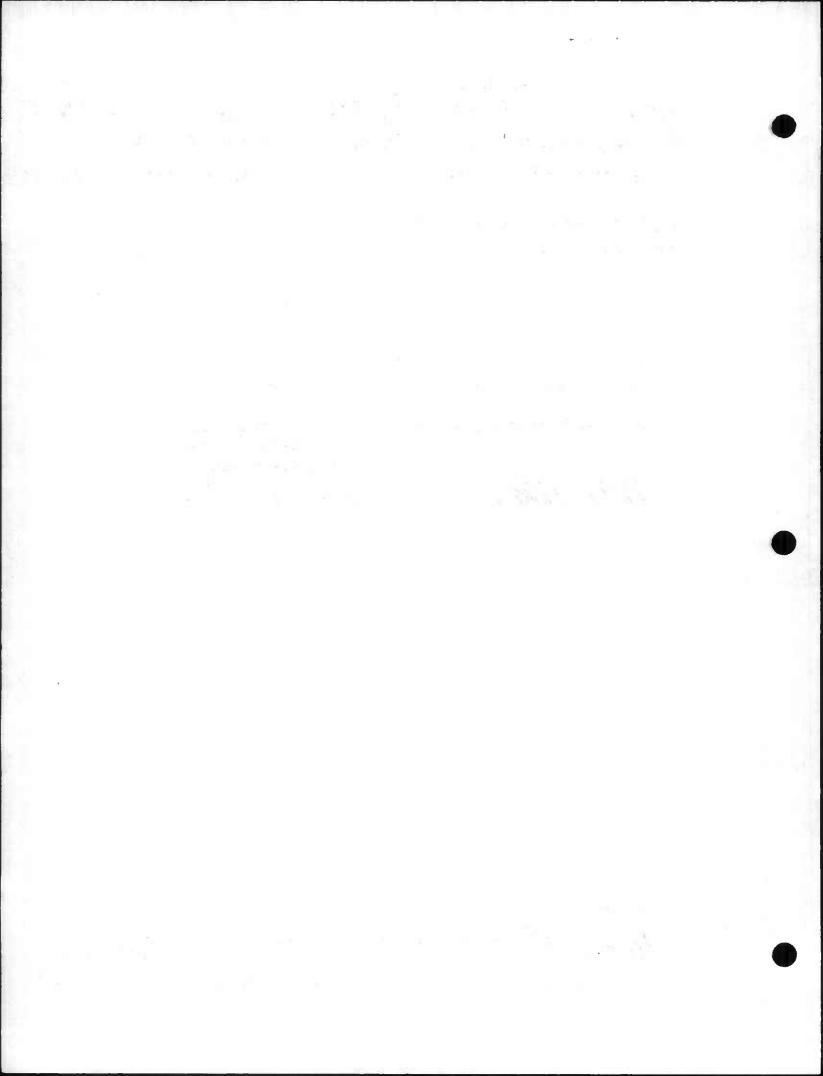
JUL 2 9 1996

32. Registrar's Signetura Selia Savidson Randalle



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 21035

Physiciar /Medica Examine Funeral	al	1. Decedent's Neme (First, Middle, Last				2. Dete of D	eeth	0.7		
/Medica Examine Funeral	al	Robert	/) /1 **		0	Month	Dey	Year 3. I	ime of Deeth	
Funeral	er		MAUI	-121	JK.	July		1996 C	0635	
	_	4e. Ficility Neme (If not Institution, give	street end number)			Town, or Location of Dea		of Deeth		
		HUNE Arun				NAPOLI		JA.		
Director		5. Sociel Security Number 6. Se 197-32-4545 Usuel Residence of Decedent	x 7. Age (In y/ 34M 2□ F 52	Mo	Under 1 Yeer If Und onths Deys Hours		rth ey, Year)) , 1944	9. Birthplece (S Country) Penns	State or Foreig ylvan	
8 m		10e. Stete 10b. County	10c. (City, Town or Location	on			10d. Ins	ide City Limit	
# B	ò	Maryland Queen	Anne's	Chester					Yes 2/2 N	
noti	Director	10e. Street end Number	Aime 5	1	0f. Zip Code		10g. Citizen of V	What Country?		
38 0		1820 Stevens D	rive		U.S					
	Funeral	11. Maritel Stetus 1 ☐ Never Memed 2 ☐ Married	12. Wes Decedent Ever In Armed Forces? 1 Yes 2 No If Yes, Give		Decedent of Hispenic Cos, specify Cuben, Mexic	Origin? (Specify Yes or Nan, Puerto Rican, etc.)		e - American Ind ck, White, etc.		
544	Ď	3 ☐ Widowed 4 ☐ Divorced	Year or Detes:	- 10	Tes ZIXINO Speci		Specify	∞ White		
and and a	Completed	15. Decedent's Edu (Specify only highest gred	cation le completed)	16e. Decedent' (Give kind	s Usuel Occupetion of work done during m VOT use retired)	ost of working	16b. Kind of B	usiness/Industry		
than 2	ğ	Elementery/Secondary (0-12)	College (1-4or 5+)	life. DO I	VOT use retired)		Cata	oina Ca		
thygie the t	5 -	12		Waite				ring Se	rvice	
8 8	e n	17. Fether's Neme (First, Middle, Last)	-1-1 0			ther's Neme (First, Middle		ne)		
marked c	0	Robert J. Maur	·			Cecile Dob	bins			
9 6 9		19e. Informant's Neme/Reletionship (T)			ddress (Street end Nun	nber or Rural Route Numi	ber, City or Town,	Stete, Zip Code)		
flem 27 other tr	-	Robert Joseph M			Box 332	Grasonvi	lle, Mo	2163	8	
y or o		20e. Method of Disposition 1 ☐ Burial	tomover mom otete	Pleca of Disposition cometery, cremeto		uly 11,19 on Center	9 Cheste	City or Town, Ster, Md.	ete	
Important any injury once.		21. Signeture Funeral Service Licens 23a. Pert1. Enter the disease, or compl shock, or heert feilure. List only or	0.0	22. Ne	me and Address of Fed	ility To 1 1 acce	TT - 7.6 .	enbein		
	\dashv	23a. Pert1. Enter the disease, or compl	ications that caused the de	eth. Do not enter th	Snamrock e mode of dying, such	Road Ch	ester,	MG 21	619 eximete	
ysician Medical aminer		Institute Course (Class)	41 .			ction eart Di			el Between end Deeth	
iel-transit	liner		Arteri	osclera	tie He	eart Di	seAs"	e		
physician and s the buriel-transit	Xan	Sequentially list conditions,	Due to	(or es e consequenc	ca of):					
		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Course (Disease or Injury c.								
ng physicie as the bu	5	that initiated events resulting in death) Lest	Due to	(or es e consequend	e of):					
ing e a			1					i		
for use								1		
ed by the ettend deteched for us	35	Pert II. Other significant conditions cor	ntributing to death but not re	esulting in the under	ying cause given in Pe	rt I. 23b. Did	tobacco use co	ntribute to the c	nuse of death	
d by	[10	Yes 2 No	3 Probably	4 Yunknow	
5.8	à								`	
page 2 should	2						s en eutopsy ormed?	24b. Were eut available	prior to	
8 0 0	2							of death?	n of cause	
page of	5					10	Yes 2 No	1 ☐ Yes	2□ No	
certificate rector, pag		25. Wes case referred to medical			26. Pla	ice of Deeth (Check only				
his cer ii direc		examiner? 1 X Yes 2 No	lospitel:	ER/Outpatient 3	Other	Nursing Home 5 ☐ Res		er (Specify)		
eral di		27. Menner of Death	28a. Dete of injury (Month, Day Year)		28c. Injury et Work?		how injury occur			
After e funer		1 Neturel 5 Pending 2 Accident investigation	(Month, Day Year)		Work? 1 ☐ Yes 2	□No				
al Director: After t led in by the funera Certification:		3 Suicide 6 Could not be determined	28e. Place of Injury - At building, etc. (Spec	home, ferm, street, cify)	fectory, office		(Street and Numb wn, Stete)	er or Rural Route	Number,	
ineral like filled		29e. Certifier 1 Certifying Physic (Check only one)	sician: To the best of my kr ner: On the basis of examin	nowiedge, deeth occ netion end/or investi	urred et the time, dete getion, in my opinion, d	end piece, end due to the seth occurred et the time	cause(s) and me dete and plece,	enner es steted. and due to the ca	use(s)	
Fund Healy	- 1	(10)	end menner steted.		20s Lisanes sumba		00d Data siens	d Manth Care V	and a	
the Fune mpletely fi	-	20h Cinnatura and title ofitte	1		29c. License numbe			d (Month, Dey, Y	eulf)	
within 24 rouss steed oearn. To the funeral birector. After this certificate hi completely filled in by the funeral director, page Medical Certification: To Re Com	-	29b. Signeture end title of certifier	1.10.00	1 20011701		7/		,		
To the Fund completely f	-	29b. Signature and title of certifier	owich	Deputy	DE	06054	7/1	019	6	
To the Fun completely i	A	29b. Signeture end title of certifier Collision 30. Name and address of person who on	mo mod cause of deeth (Ite	em 23a) (Type, Print	DE	16054 Amer	7/1	0/9	6	



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

					-	Certif	icate of	Death	· · · · · · · · · · · · · · · · · · ·	Reg. No.	6 24	036			
Oh	voleis		1. Decedent's Name (First, Middle, L.		1	14	-		2. Date of De		3. T	ime of Death			
	ysicia Jedic		Judith An	n MAY	BER	RI			July	26	00/	0:20			
	amin		4a. Fecility Neme (If not institution, gi	ve street and number)				4b. City, Town, o	r Locailon of Deat	,					
. —			Harford Memor				I to do a Maria		de Grace		rford				
Fund Direct				Sex 7. Age 1 □ M 2 □ X	e (In yrs. last 43		Under 1 Year onths Days	if Under 24 Hi Hours Mi		th 9 <i>y, Year)</i> 1953	9. Birthplace (S Country) Kentue				
, g			Usual Residence of Decedent												
4 I.Z.I.SUU.Z.U 4 within 72 hours effer deeth with the Maryland ijene. ijen Medical Examiner must be notified at the Medical Examiner must be notified at	2	10a. Siele 10b. County	_		own or Location						ide City Limits				
	office	Director	MD Harfo	rd	Ab	erdeen						Yes 5 140			
	2	ក់		a d		'	Of. Zip Code			10g. Citizen of \					
leeth	2	Funeral	2011 Tower Ros	12. Was Decedent E	Ever in U.S.	13. Was	21001		(Specify Yes or No	USA	e - American fnd	ian			
21215-0020 d within 72 hours effer d giene. rr than "natural", or iten in the Medical Examination.	Examiner	P	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 ☐ Yes 2 🛣 N if Yes, Give Year or Detes:			s, specify Cub		(Specify Yes or No erto Ricen, etc.)		ck, White, etc. White				
D-C 72 h 72 h	명	eted	15. Decedent's E (Specify only highest gr	ducation ade completed)	1	6a. Decedent'	s Usual Occup	pation during most of w	orkina	16b. Kind of B	usiness/Industry				
within then	a Mo	Completed	Elementery/Secondary (0-12) College (1-4or 5+) life. DO NOT use retired)												
			8th grade 17. Father's Name (First, Middle, Lasi	13		Hor	nemake		(51 441-41-	Hor					
ylan Suid be f Mental I nrked ot		Be	Willard Estell						eme <i>(First, Middl</i> e th Adam:						
Maryland d 2 should be file th and Mental Hy IT is marked othe	traumatic	ဥ	19a. Informant'a Name/Reletionship			I9h Mailing A	ddrass /Straa		Rural Route Numb						
nd 2 selfth ar 27 la	trau		Edith Bellmyer			2011 T			erdeen,		21001				
os 1 and of Heelth Hem 27	other	-	20a. Method of Disposition		20b. Place	e of Dispositio	of Disposition (Neme of lery, cremetory or other place)		Date		City or Town, St	ete			
Pege ent o	8	-	1 XBurial 2 ☐ Cremetion 3 [4 ☐ Donation 5 ☐ Other (Speci					7/30/96	7/30/96 Dublin, MD						
Dalkimore, permit. Peges 1 a Department of Hee Important: If ham	y injury	-	21. Signeture of Funerel Service Licensee 22. Name and Address of Fecility Mitchell-Smith Funer												
n äae	once		Henry m	Mariota	, 2,						Cmana	MD			
BEV		23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hear failure. List only one cause on each line.										oximate el Between			
Physic			Onset and Deaf												
/Medi Exami	_		immediate Cause (Finel disease or condition	MET	ASTA	Tic	BR	FAST	CANO	ER	8	YRS.			
LAAIIII		ç	disease or condition resulting in death) a. METASTATIC BREAST CANCER Due to (or es a consequenca of):									7.1(5)			
8 :)Sit	Examiner		b. —————											
OX 56/50, certificate be executed ading physician and	al-trar	Хал	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury	ı	Due to (or es	a consequen	ce of):								
oo / ou, ficate be ex physician	pan e	Sa	ceuse. Enter Underlying Cause (Disease or injury that initiated events Due to (or es e consequence of):												
tificate ng phy	as th	Physician/Medical	resulting in death) Last	ı	Jue to (or es	e consequent	>9 Of):				1				
Both cert attendin	USB	M	•	d											
. 0 0	od for	Cla	Part II. Other eignificant conditions	contributing to death bu	rt not resultin	a in the under	lving cause gi	ven in Part I.	23b. Did	23b. Did tobacco use contribute to the cause					
The law requires that the de ste has been signed by the	tech	h								1 ☐ Yee 2 1 No 3 ☐ Probably 4 ☐ Uni					
es the	9	ğ	2	<u>۾</u>	2							-			
requir	pinous	Completed								an autopsy ormed?	24b. Were aut available	prior to			
e law i	28	du							-		of death?	on of cause			
The Tate									1 🗆	Yes 2 No	1 ☐ Yes	2□ No			
Physician: The this certificate	ector	Be	25. Was case referred to medical examiner?	Hospital:			O	26. Place of D	eath (Check only	one)					
Phys C	- E	2	1 Yes 22 No 27. Manner of Deeth	28a. Date of Injur		Outpatient 3	LOUN	4 Li Nursing	Home 5 Resi	dence 6 Oth					
Affe	eun e	Certification:	1X Natural 5 ☐ Pending 2 ☐ Accident investigation	(Month, Dey	Year)	injury	28c. inju Wo VI 1 □	rk?]Yes 2 ☐ No	200. Describe	now injury occur	190				
Attendi or death octor: A	<u>6</u>	20	3 Suicide 6 Could not be determined	28e. Place of Inju	ry - At home	, farm, street,	factory, office		28f. Location (City or To	ion (Street end Number or Rurel Route Number,					
בַּ בַּ בַּ	P P	Ce	4 El Horniolog	building, etc	. (Зреспу)				City of 10	mi, State)					
To the Hospital or Attend within 24 hours efter deat To the Funeral Director:	pietely fill	edicai	29a. Certifier (Check only one) Certifying Property (Check only one)	ysician: To the besi o ninar: On the besis of and manner sta	examinetion	dge, death occ and/or investi	urred et the ti gation, in my o	me, deie and pla opinion, deeth oc	ce, and due to the curred et the fime,	e, and due to the ceuse(s) end manner as stated. urred et the fime, date and place, and due to the ceuse(s)					
With To t	Con	Σ	29b. Signature and title continer	γ			29c, Licens	se number		29d. Daie signe	d (Month, Day, Y	'ear)			
			V mella	arkon 1	1)		2	45344		7/2	7/96				
			30. Name end address of person who	oppleted cause of de	eath (Item 23	e) (Type, Print)		YVILLE						
			SURESH DHANT	aw, MD,	20 C	RAIGTO	WN RD	PERRY	YVILLE	MO 2	1903				
Por	Stat gistra	c	31. Date tiled (Month, Dey, Year)	32 Registra	rs signature	Parla 11	•	-							
Liet	giotia	۱.	JU! 2 9 19	30 300000	Water-Basic 1										

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State of Maryland / Department of Health and Mental Hygiene Q.6 21, 0.37

			AMENDED #1, 8/	2/96, LMG		Cen	tificate of	Death T	ALBOT	Reg. No.	U	24001				
	Dharatal		1. Decedant's Name (First, Middia, La						2. Data of Da		Yaar	3. Tima of Death				
	Physici /Medi		Nellie MAE	Mu	YYYK	d	Mullik	in	July	30 1	996	7:40 PM				
	Examir		4e. Facility Nama (If not institution, gir						r Location of Death			7 . 10 111				
			Genesis Elder	care - Th	e Pir	es		Eas	ton	п	albo	ot				
	Funeral		5. Social Sacurity Number 6. 5	Sex 7. Age	(In yrs. iast b		if Undar 1 Yaar Months Days	If Undar 24 Hr								
L	Director		218-24-5008D Usual Rasidance of Decedant	^{1□M 2} XF 92	2	Yrs.	Months Days	Hours Mi	oct. 4	1903	MAR	lace (Stata or Foreign try) YLAND				
	how		10a. Stata 10b. County		10c. City, To	wn or Loc					1	0d. insida City Limits				
	ter deeth with the Merylan Items 23a or 28a-f ehow Inst. mast be notified at	Director	MD TALBOT	<u>'</u>			EASTO	N				1. Yes 2 □ No				
	# # # # # # # # # # # # # # # # # # #	je je	10e. Street and Number				10f. Zip Coda			10g. Citizan of	What Coun	try?				
	h wil		207 BROOKLETT	S AVENUE			21	601		USA						
	dee E	Funeral	11. Meritel Stetus	12. Was Dacedent Ev	er in U,S.	13. W	as Decedent of	Hispenic Origin?	Specify Yes or No- irto Rican, etc.)	14. Red	a - Americ					
Maryland 21215-0020	n 72 hours after deeth with the Meryland "nature!", or frems 23a or 28a-f ehow soinal Examiner must be noured at	þ	1 ☐ Nevar Married 2 ☐ Married 3 ☐ Noved 4 ☐ Divorcad	Armed Forcas? 1 ☐ Yas ② No if Yas, Giva Year or Datas:			Tas, specify Cut		into Hican, etc.)		ck, White,					
5-0	d within 72 ho piene. r than "natur ne Madical	Completed	15. Decedant's E (Specify only highest gro	ducation	18	a. Decede	int's Usual Occu	pation	orkina	18b. Kind of B	usinass/Inc	Justry				
21	within ene.	ğ	Elamentary/Secondery (0-12)	Collaga (1-4or 5+))	lifa. D	O NOT use retire	during most of w	Urking							
2		Ö	6			HO	USEWIF				N HOI	ME				
pu	d of H	Be	17. Fathar's Nema (First, Middla, Last						ama (First, Middia,		na)					
yla	should be nd Mental marked o	မ	ROBERT J. TRE	EHEARN					J. SM							
	and 2 alth a 27 io		19a. Informant's Name/Ralationship (BEULAH M. TOWE						Rural Routa Numbe							
Baltimore,			20a. Mathod of Disposition		20b. Plece	of Disposi	ition (Nama of atory or other pie	ice)	Data	20c. Location -	City or To	wn, Stete				
E	Peges nent of t int: if its iry or of		Murlai 2 ☐ Cramation 3 ☐ 4 ☐ Donetlon 5 ☐ Othar (Special	JRamovel from Stata (y)				METERY	8-5 I	EASTON	, MD					
alt	교원관중		21. Signature of Funaral Sarvice Licar	nsae	1	22	Name and Addre	ass of Facility	DETAL C A	TERMIN NA	TOTAL	EDAT MOME				
m	Depa impo	21. Signature of Funaral Sarvice Licansae FELLOWS, HELFENBEIN & NEWNAM FUNE 200 S. HARRISON ST., EASTON, MD														
	_		23e. Part 1. Entar the disaasa, or com	plications that caused the	na daath. Do						PID	Approximete				
N	Physician	0.3	23e. Part1. Entar the disaasa, or complications that caused tha daath. Do not enter tha moda of dying, such es cardiac or raspiratory arrast, Shock, or haart failura. List only one cause on each line. Approximete Interval Betwee Onset and De													
и	/Medical		immediata Causa (Final disaasa or condition	DA				1 0 .			į	1 Emin				
	Examiner		rasulting In death)	a Pula	us to for as a	consent	the off	-6-Cus	W		1	< 15 mun.				
_	n =	ner		0-	.0+	+0		w. 20	m elitis		5					
	rificate be executed ng physician and es the burial-transit	Examiner	Sequentially list conditions.	b. Di	ua to (or as a	consequ	ance of):	10/2100	evilla		-	Meeritain				
o,	e exe ian a urial-i		Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events								i					
68760,	ete b nysic he b	Medical	that initiated events rasulting in daath) Last	C	ua to (or as e	conseque	enca of):									
	E 20															
Box	th ce tendi	an/		d												
. E	death he etten ed for u	sici	Part il. Other significant conditions o	ontributing to death but	not rasuiting	in the unc	darlying causa gi	van in Pert 1.	23b. Did t	obacco use co	ntributa to	the cause of death?				
P.O.	requires that the death ce been signed by the ettendi should be detached for use	Physician/							10	res 2 No	3 ☐ Prot	ebly 4 Unknown				
Ś	gned be de	by														
pro	lew requires les been sign 2 should be	8							24a. Was	an autopsy med?	24b. Wa	ara autopsy findings ailabla prior to				
900	8 80	Completed									of o	mpletion of causa death?				
ď	The I	E							101	as 2 No	10	Yas 2□No				
ta	certificata	Bec	25. Was casa referred to medical					26. Placa of D	eath (Check only o	na)		7.113				
>	yalci s ce direc	To	axaminar? 1 ☐ Yas 2 ☑ No	Hospitai: 1 ☐ Inpatiant	2 🗆 ER/O	utpatient	3□ DOA Ot		Homa 5 Rasid		ar (Specifi	()				
0	Attending Physicien: or death. ector: After this certific by the funeral director.		27. Mannar of Death	28a. Data of Injury (Month, Day)		Tima of Injury	28c. Inju Wo		28d. Dascribe h			,				
0	ath. r: Aft	atio	1 ☑Natural 5 ☐ Panding 2 ☐ Accidant Invastigation		baily	ii ijui y		Yas 2 □ No								
Division of Vital Records,	or Attending i after death. Director: After in by the funer	tific	3 ☐ Sulcida 6 ☐ Could not b	e 28e. Piace of Injury building, atc.	- At homa, f	arm, strae	at, factory, offica		28f. Location (S City or Tow		er or Rura	i Routa Number,				
۵	a after a after bit Direction by bit bit bit bit bit bit bit bit bit bit	Certification:		building, atc.	(<i>эрвыну</i>)				Only or row	n, State)						
	To the Hospital or Attending Physicien: The is within 24 hours after death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	edical	29a. Cartifiar 1 Certifying Ph	ysician: To the best of a	my knowledg	a, daath c	occurred et tha ti	ma, data and pled	e, and dua to tha	causa(s) and ma	nnar as st	ated.				
	the H in 24 the F		one)	niner: On the basis of an and mannar stete	d.	INVA	auganon, in my (princin, daath occ	uried at tha tima, (Jata and place,	ariu dua to	ara causa(s)				
	To To To To To To To To To To To To To T	Σ	29b. Signature end titla of certifier				29c. Licans			29d. Data signe						
			RobertV	V. Treve	7, M.	D,	DI	0938		July	30,1	1996				
			30. Nama and addrass of parson who Robert W. TR	complated causa of daa	th (Itam 23a)	(Type, P	rint)			· 0		1				
_			Robert W. TR	EVER, M.	D. !	769	6 Oc	ean G	stewar	F. EAS	TON	MD 21601				
	Sta		31. Data filed (Month, Day, Year)	32. Hegistrar	s Signatura											
	Registr	ar	AUG - 1	1996 > Gul	ia David	son-R	indelle									

Total Section 19 Section

State of Maryland / Department of Health and Mental Hygiene 96 24038

			Amended #23b,7/	31/06 TMC			Death Tal		eg. No.	0 2	403	88		
			Decedant's Nama (First, Middle, Last)				I.d.	2. Data of Deat	th		3. Tima of I	Death		
	Physici		THOMAS HENRY MA	ARVEL, JR.				Month JULY	26 19	996	8:28	AM		
	/Medid Examir		4a. Facility Nama (If not institution, giva :	street and number)			4b. City, Town, or L	ocation of Death	4c. County	of Death				
			4302 BAILDON	RD			TRAP	PE	TA		LBOT			
	Funeral		Social Sacurity Number 6. Sax	144		If Under 1 Year Months Days	If Undar 24 Hrs. Hours Min.	8. Data of Birth (Month, Day, DEC. /	Veer	9. Birthple	aca (Stata or	Foreign		
н	Director	١.	217-36-0843	^{1M 2□ F} 69	Yrs.	Working Days	Tiodis Will.	DEC. 7	T926	Court	" MD			
	pud *		Usual Rasidance of Decadant 10a. Stata 10b. County	10c Ci	ty, Town or Lo	cetion				10	ed Jacobs Cit	a I los las		
	laryle sho	ō		TALBOT	ty, TOWIT OF EO		APPE			10	d. Insida City			
	the A	Funeral Director	10e. Street and Number			10f. Zip Coda		4	0g. Citizan of V	What County				
	with po	ā				Tot. Zip Goda.	016		og. Grizan of v		уг			
	leath	era		RD 12. Was Dacedant Evar in U	J.S. 13. V	Vas Decedant of H	216		14. Race	USA e - Amarica	n indian.			
0	fler	F	1 Navar Married	Armed Forcas?			lispanic Origin? (Si an, Maxican, Puart	Rican, atc.)	Black, Whita, atc.					
070	urs e	b	3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yas 2 ☑ No If Yas, Giva △ Yaar or Datas:	1	I□ Yas 2 No	Specify:		Specify	WHI	ITE			
21215-0020	filed within 72 hours effer death with the Marylend Hyglene. drier than "natural", or items 23a or 28a-f show ent, the Medical Examinet must be notified at	Completed	15. Decedant's Educ (Specify only highest grade	cation	16a. Deced	lant's Usual Occup	pation during most of work	kina	16b. Kind of Bu	sinass/Indu	ustry			
2	ithin	npie	Eiamantary/Secondary (0-12)	Collaga (1-4or 5+)	life. L	DO NOT use retire	d)	NAID						
2	filed with Hyglene. rther than	Cor	11			EXECUTI			OFFI		QUIPM	ENT		
anc	a fa b	Be	17. Fathar's Nama (First, Middle, Last)	MADITET CT	,			na (First, Middle, M		a)				
Maryland	d 2 should be filed h end Mental Hygi f is marked other traumatic event,	L 2	THOMAS HENRY 19a. Informent's Neme/Ralationship (Ty)			- Add (O	EMILY MULLIKIN reet and Number or Rural Route Number, City or Town, State, Zip Code)							
Z			MELDA T. I				ON RD,				2009)			
a,	Health Health Hem 27 other tr		20a. Mathod of Disposition	20b. I	Place of Dispos	sition (Neme of	1		20c. Location -		vn. Stata			
30	Pages nent of I mt: If ite iry or of		1 Buriai 2 ☐ Cramation 3 ☐ R 4 ☐ Donation 5 ☐ Other (Specify)	amovai from Stata	_	natory or other plea NECK CE		7/29	TRAP					
Baltimore,	MELDA T. MARVEL 20a. Mathod of Disposition 1 Burial 2 Cramation 3 Ramoval from Stata 4 Donation 5 Other (Specify) 21. Signature of Funeral Sarvice Licensaa 22. Nan FEL 23. Temperature of Disposition 24. Donation 5 Other (Specify) 25. Nan FEL 26. Flace of Disposition 27. Cramatory, crematory 28. Nan FEL 29. Place of Disposition 29. Place of Disposition 20b. Place of Disposition 20b. Place of Disposition 20c. Place of Disposition 21. Signature of Funeral Sarvice Licensaa 22. Nan FEL 21. Signature of Funeral Sarvice Licensaa						ass of Facility	-						
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State of

Maryland / Department of Health and Mental Hygiene	96	21.030
Certificate of Death Reg. No.	20	64000

Physician /Medical **Examiner**

3. Time of Death 7 PM

Funeral

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"natural", or items 23a or 28a-f show death with filed within 72 hours after th and Mental Hygiene.
7 is marked other than "natur traumatic event, me Medical Pages 1 and 2 should be f nent of Health and Mental I nt: If item 27 is marked of

Baltimore, Maryland 21215-0020

Box 68760.

P.O.

permit. Page Department of Important: If any Injury or once. **Physician** /Medical **Examiner**

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burial-transit The law requires that the death certificata be axecuted and the 60 USB signed by the at 1 be detached fo page 2 certificate or Attending Physician: after death.

Director: After this certifica director funeral

Division of Vital Records. filled in by the 24 hours a Hospital pletely To the I State Registrar

1. Decedant's Nama (First, Middla, Last) 2. Date of Deeth 100y, 19916ar Moune u MORRIS Ralph Ι., 4a. Fecility Nema (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Prince George's Lanham Doctor's Community Hospital 7. Aga (In yrs. last birthdey) If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) Mar. 63 Yrs. Months Days Hours Min. Mar. 6, 1933 5. Social Security Number 6. Sax 9. Birthpiece (Steta or Foraign 1**X**)MM 2□ F 217-34-2399 Washington, D.C. Usual Rasidance of Decedent 10a. Stata 10b County 10c. City, Town or Location 10d. Insida City Limits 1 X Yes 2 □ No Directo Maryland Prince George's Lanham 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? United States 20703 6804 Trexler Road Funeral 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Maxican, Puerto Rican, etc.) Rece - American Indien, Black, White, etc. 11. Maritel Status 1 Nevar Married 2 Married 1KXes 2□No IfYas, Giva Korea Yeer or Datas: Specify: White 1 ☐ Yas 2 🕅 No Specify: Completed by 3 Widowed 4 □ Divorced Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highast grade completed) Elamantary/Secondary (0-12) Collega (1-4or 5+) Not employed None 8th 17. Fathar's Nema (First, Middla, Last) 18. Mothar's Name (First, Middla, Maiden Sumama) Be Joseph M.S. Morris Helen Carpenter 19a. Informant's Neme/Reletionship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Routa Number, City or Town, Steta, Zip Coda) 2806 Folsom Lane Bowie Maryland Helen M. Davis Sister 20e. Mathod of Disposition 20b. Piece of Disposition (Nama of cemetary, crematory or other piece) 20c. Location - City or Town, Stata 1 □ Burlai 2 □ Cramation 3 □ Ramovai from Stata 7/22/96 Washington D.C. Congressional Cemetery 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signeture of Funeral Service Licenses 22. Nama and Addrass of Fecility Robert E. Evans Funeral Home, P.A. 23e. Pert1. Entar the disease, or complications that caused the deeth. Do not entar the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellura. List only one cause on each life. 16000 Annapolis Rd. Bowie Md. 20715 Approximata Interval Batw Onset and Daath Immediate Cause (Finel 10 the Corcinana terr disaase or condition rasulting in deeth) Due to (or es e consequance of): Examiner Sequentielly list conditions, if any, laading to immadiata cause. Entar Underlying Causa (Diseasa or Injury that initiated evants rasulting in deeth) Last Due to (or as a consequence of): Physician/Medical Dua to (or as e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Ves 2 No 3 Probably 4 Unknown Artem Dueroc by 24b. Wara autopsy findings evailable prior to completion of cause of death? 24a. Was an autopsy performed? Completed Decom 1 ☐ Yas 2 ☑ No 1 ☐ Yas 2 ☐ No Be 25. Wes casa raferred to madical 26. Piaca of Daath (Check only ona) Hospitai: 1 Impatiant 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 1 Yas 2 No Certification: To 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. injury at Work? 28d. Dascribe how injury occurred 1 Naturai 5 Pending invastigation 1 Yas 2 No 2 Accidant 6 Could not be detarmined 3 Suicida 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 | Homicide 1 Certifying Phyalcian: To tha best of my knowledga, daath occurred at tha tima, data and piace, and due to the ceuse(s) end mannar as stated.
2 Medical Examiner: On tha basis of exemination and/or investigation, in my opinion, daath occurred at tha tima, data and place, and dua to the cause(s) and menner stated. 29a, Cartifier Medical (Check only one) 29b. Signetura and titia of certifier 29c. Licansa number covering 29d. Deta signed (Month, Day, Year) at food 1.0 12507 30. Nema and address of person who completed cause of daeth (Item 23a) (Type, Print) 7404 EVECUTIVE PL. A VOZ PEPSROOK, MO 20706

DON H. TABLOMOVIEL, MO

JUL 2 5 1996

32. Registrer's Signature

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31. Dete filed (Month, Dey, Year)

State of Maryland / Department of Health and Mental Hygiene

24040

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<u>ō</u>	ttsndir death. ctor: Af y the fu	atic		tigation					М		Yas 2	No					
Division	Attending or death. ector: After by the fune	fle	3 Suicida 8 Could	not be	28a. Plac	a of Inju	ry - At homa, f	arm, str	eef, fectory	y, office	T.		28f. Location (Street and No	ımber or Ru	ral Routa	Number,
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29b. Signeture end titla of certifier Putu MMM 29c. License number 540376							. LICON	ise number			29d. Date sig	gned (Month	, Day, Yo	MET)			
							6		7/20	196							
30. Name and addrass of person who complated causa of daath (Itam 23a) (Type, Print)								1	1								
P. WISNIEWSKI, M.D. 100 Hospital Rd. Prince Frederick, MD 20678 State 31. Data filed (Month, Day, Year) 32. Ragistrar's Signatura						0678											
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A CALL

State of Maryland / Department of Health and Mental Hygiene 24041 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** ETHEL ELIZABETH MORRISON 96 07 20 4:55 A.M. /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Prince George's MANOR Care Largo Nursing & Rehabilitation Ctr. Largo 7. Age (In yrs. lest birthday) If Under 1 Yaar 5. Social Security Number If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) Birthpleca (Steta or Foreign Country) Months Deys Hours 1 M 2 X F Nov. 18, 1918 Washington, D.C 579-26-6924 Usual Residence of Decedent 10c. City, Town or Location 10d. inside City Limits Director 1 X Yas 2 □ No Prince George's Temple Hills Maryland 10e. Straet and Number 10f. Zip Code 10g. Citizen of What Country? United States Dr. #B-2 20748 3320 Huntley Sq. Funeral 12. Wes Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - Amarican Indian, 11. Meritel Status Bleck, Whita, atc. 1 Never Merried 2 Married 1 ☐ Yas 2 🛣 No If Yes, Give 1 ☐ Yes 2 X No Specify: þ African American 3 Nidowed 4 Divorced Yeer or Detas: Completed 16a. Decedent's Usuel Occupation (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest greda completed) Elementery/Secondery (0-12) College (1-4or 5+) Government Nursing Assistant 12 17. Father's Neme (First, Middla, Last) 18. Mothar's Nema (First, Middle, Meiden Sumame) Be Mary Jane Diggs Charles H. Lyles 2 19a, Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 3310 Huntley Sq. Dr., #B-2, Temple Hills, MD 20748 Rita A. Jones - Niece 20h Plece of Disposition (Neme of 20c. Location - City or Town, Stete 20e. Method of Disposition Data cemetery, cremetory or other placa) 1 Buriel 2 □ Cramation 3 □ Removel from Steta 4 ☐ Donetion 5 ☐ Other (Specify) Lincoln Memorial Cemetery 7/25/96 Suitland, MD 21. Signature of Funerel Servica Licansec 22 Name and Address of Facility STEWART FUNERAL HOME, Inc. 4001 Benning Road, N. E., Washington, D. C. in 1. Enter the disease, or cor ock, or heert feilure. List only Approximata Interval Between Onset end Deeth eth. Do not enter the mode of dying, such as cardlec or respiratory arrest, Immediete Cause (Finel disaasa or condition resulting in deeth) Examiner Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequenca of). Physician/Medical Due to (or es a consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were sutopsy findings available prior to 24e. Wes en eutopsy performed? Completed completion of cause of death? 1 Yes 2 ₩No 1 ☐ Yas 2 ☐ No 25. Wes case referred to medical Be 28. Plece of Deeth (Check only one) Other: 4 Nursing Homa 5 ☐ Rasidance 8 ☐ Othar (Specify) P 1 Yas 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) 27. Mannag of Deeth 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury at Work? 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident investigetion 6 Could not be determined 3 Sulcide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Medical 29a, Cartifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end pleca, and due to the cause(s) end menner es steted. (Check only one) 2 Medical Examinar. On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, dete and piece, and due to the ceuse(s) and menner steted.

29c. License number

29d. Date signed (Month, Day, Year)

The law requires that the death certificate be executed Records, P.O. Box 68760, Division of Vital Mospital or Attending Physician:
 124 hours after death.
 Funeral Director: After this certificalety filled in by the funeral director; I

Funeral

Director

item 27 le marked other than "naturel", or itema 23a or 28a-f show other treumstic event, the Medical Examiner name be notified at

with the Maryland

death

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se filed within 72 hall Hygiene.

permit. Pages 1 and 2 should be filk Department of Health and Mental Hy Important: If Nem 27 Is marked other eny Injury or other treumatic event

Physician /Medical

Examiner

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attending physician for use as the buria

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Saltimore, Maryland 21215-0020

To the Within 2 To the

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State Registrar

John 200 011 -14 31. Dete filed (Month, Dey, Year) JUL 2 5 1996

30. Neme and address of person who completed cause of deeth (Item 23a) (Type, Print)

29b. Signature and the of certifie

32 Registrar's Signature

DHMH 16 Rav 6/95

State of Maryland / Department of Health and Mental Hygiene

96 24042

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2 Date of Death 3. Time of Deeth MASON Month **Physician** WILLIS 6.45 AM 0 /Medical 4a. Fecliity Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Prince George's Laurel Regional Hospital Laure 1 If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) If Under 1 Yaar 5. Social Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** Deys 180 M 2□ F Months 216-22-9117 70 Oct. 17, Director Mary land Usual Residence of Decedent death with the Maryland 10b. County 10c. City. Town or Location 10d. Inside City Limits r than "natural", or items 23e or 28a-f show the Medical Examiner next be notified at Director 1X Yas 2 No Prince George's Beltsville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 4642 Ouimby Avenue 20705 U.S.A. 12. Wes Decedant Evar In U,S. Armed Forces? 1⅔ Yes 2☐ No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Maxican, Puerto Rican, atc.) 11. Marital Stetus 14. Raca - American Indian. permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: If I fem 27 is marked other than "natural" ~ any injury or other traumatic avairable. Bleck, White, etc. 1 ☐ Nevar Married 2 ☐ Married 1 Yes 2₺ No Specify: Specify: p If Yes, Give Year or Dates: 3 ☑ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Bindery Worker Federal Government 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Willis Freeman Mason May P. Wise 19e. Informent's Neme/Reletionship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4643 Quimby Avenue, Beltsville, Maryland 20705 Charles Caperones / Friend 20b. Plece of Disposition (Name of cametery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Burial 2 ☐ Crametion 3 ☐ Removal from Stata 4 ☐ Donelion 5 ☐ Other (Specify) Fort Lincoln Cemetery 7/23/1996 Brentwood, Maryland 22. Nama and Addrass of Facility
Francis Gasch's Sons Funeral Home, P.A. 21 Signeture of Funeral Service Licenses 20781 4739 Baltimore Avenue, Hyattsville, MD D 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death **Physician** Immediate Cause (Finel disease or condition resulting In death) ANDXIC ENEEPHALDBA /Medical Examiner Due to (or as a consequence ot): Completed by Physician/Medical Examiner PROLUNCIED RESPIRATORY ARREST

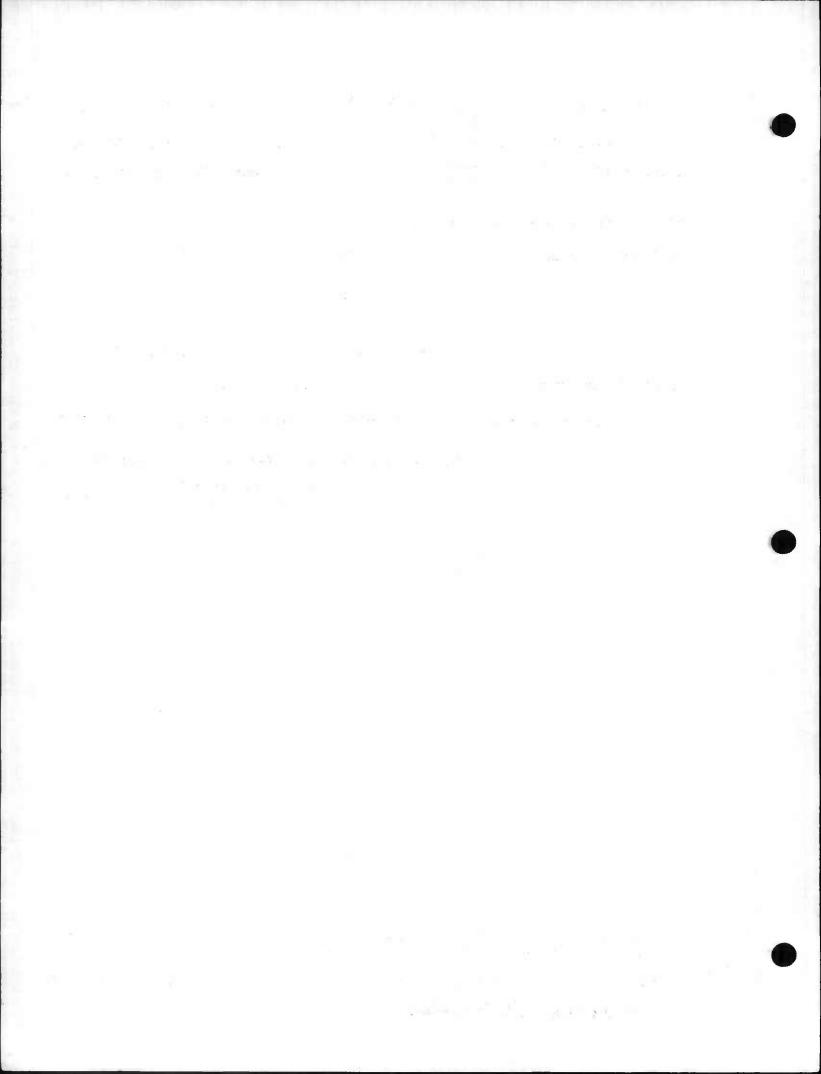
Due to (or es a consequenca of): physician and s the burial-transit The law requires that the death certificate be executed Sequantially list conditions, if eny, leeding to immediate cause. Enler Underlying Couse (Disease or Injury thei initiated events rasulting in death) Last SEVERE CHRONICOBSTRUCTIV LUNGDIS EATE Records, P.O. Box 68760, ARTERY DISEASE Pert tt. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown HUPER TENSIVE HEART DISEARE GOD, ARFT 24b. Were autopsy tindings available prior to completion of cause of death? 24a. Was an autopsy performed? ELLITUS-TYPE-II (3) RENALFAILURE(AU HYPER LIPIDEM, A 2 17 No 1 ☐ Yes 2 ☐ No certificata Division of Vital or Attending Physician: after death.

Director: After this certifica 25. Wes case reterred to medical exeminer?
1 ☐ Yes 2 ☑ No Be 26. Place of Deeth (Check only one) Hospital: 1 Drinpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 27. Maryner of Death 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 1 Natural 5 Pending NAI 1 Yes 2 No 2 Accident investigetion MA MA 6 Could not be determined 3 Sulcida Ne Hospital or Atte n 24 hours after de ne Funeral Directo bletely filled in by ti 28e. Plece of Injury - Al home, farm, street, fectory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide Medical 29e. Certifler 1 Certifying Physician: To the best of my knowledge, death occurred el the time, dete end plece, end due to the ceuse(s) end menner es steted. To the Fune completely f (Check only one) 2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, deeth occurred at the time, dete and placa, and due to the cause(s) and manner steled. To the I within 2 29b. Signature and title of certifier 29d. Dete signed (Month, Day, Year) Udubi . Attending 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) SHRINIVAS R. UDAPI, 7295 HANDVER PKWY, GREENBELTMD 20770

State Registrar 31. Date filed (Month, Day, Year)

JUL 2 4 1996

32. Registrer's Signature



State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death Month DELBERT MORGAN 9:05 PM July 21 4a. Fecility Nema (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Prince George's Hospital Center Prince George's Cheverly | H Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) | Min. | March 3, 1918 7. Aga (In yrs. last birthday) 9. Birthplece (Stete or Foreign Country)
Ohlo 110 M 2□ F 78 Yrs. 10b. County 10c. City. Town or Location 10d. Inside City Limits 1X Yes 2 □ No Prince George's College Park 10f. Zip Code 10g. Citizan of What Country? 4609 Fordham Road 20740 U.S.A. 12. Wes Decedent Evar in U,S. Armed Forces? 1 ⊠ Yes 2 □ No it Yes, Give Year or Dates: WW II Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Rece - American Indien, Bieck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 21 No Specify: 3 Widowed 4 Divorced Specify: White 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Coilege (1-4or 5+) College Professor University of Maryland 17. Fether's Name (First, Middle, Last) 18. Mothar's Neme (First, Middle, Maiden Surname) Delbert T. Morgan, Sr. Maude I. Pritchard 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Jean W. Morgan / Spouse 4609 Fordham Road, College Park, Maryland 20740 20b. Pieca of Disposition (Neme of cemetery, cremetory or other piece) 20c. Location - City or Town, Stata 1 ☐ Buriel 2 ☑ Cremetion 3 ☐ Removel from Steta 4 ☐ Donetion 5 ☐ Other (Specify) Metropolitan Crematory 7/23/1996 Alexandria, Virginia 22. Name end Addrass of Facility
Francis Gasch's Sons Funeral Home, P.A. 21. Signature of Funeral Service Ligensaa 4739 Baltimore Avenue, Hyattsville, MD 20781 23e. Pert1. Enter the disease, or complications thet caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one ceuse on each line. Iweek NEU MONIA Due to (or as a consequence of) Due to (or as e consequance of): Dua to (or es e consaquance ot): Pert II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown MYASTHENIA GRAVIS 24b. Were eutopsy findings available prior to completion of cause of deeth? 24e. Wes en eutopsy performed? CHRONIC GRANULOCYTIC LEUKEMIA 30NO 1 ☐ Yes 1 ☐ Yas 2 ☐ No 25. Wes case reterred to medical axaminer? 26. Plece of Deeth (Check only one) Hospitel: 1 Anpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Yes 2 No

Physician /Medicai Examiner sician and buriel-transit or Attending Physician: The lew requires that the death certificate be executed P.O. Box 68760, Division of Vital Records,

Physician/Medical þ Completed Be

Examiner

Physician

/Medical

Examiner

Director

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Director

r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

the Maryland

filed within 72 hours efter

Hygiene.

permit. Pages 1 end 2 should be filed wit Department of Health end Mental Hygiene Important: If Item 27 is marked other tha any injury or other traumatic event, It appear.

Baltimore, Maryland 21215-0020

5. Sociel Security Number

274-26-4532

Usual Residence of Decadent

10e. Street end Number

20a. Method of Disposition

Immediate Cause (Final

diseesa or condition resulting in deeth)

11. Marital Status

10e. Stete

Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Couse (Diseese or Injury that initiated events resulting in deeth) Lest 27. Menner of Deeth

page 2 certificate funeral director, Certification: To this efter death. Director: Aft filled in by 24 hours Medical

31. Dete tiled (Month, Dey, Year)

29b. Signature and title of cartifian

1□ Yas 2⊠ No

1 Neturel 2 Accident

3 ☐ Suicida

29a. Certifier

4 Homicide

(Check only one)

ISALT, MORE

28e. Piaca of Injury - At home, term, street, factory, office building, etc. (Specify)

11 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, end due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end menner stated.

29c. Licensa number

29d. Date signed (Month, Day, Year)

28t. Location (Straat end Number or Rural Routa Number, City or Town, State)

30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

Could not be detarmined

32. Registrer's Signeture 24 1996

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State

Registrar

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Physici	an	1. Decedent's Neme (First, Middle, L.	,				2. Dete of Dee		Year	3. Time of	
/Medic	al	DENNIS 4e. Fecility Neme (If not institution, gi	ALBERT	N	MARSHALL	4b. City, Town, or L	JULY	18 19		7:30	AM
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Funeral Director		5. Sociel Security Number 6.		In yrs. lest birtl	ndey) If Under 1 Year Months Deys	If Under 24 Hrs. Hours Min.	8. Dete of Birth (Month, Dey Dec. 1	Yeer)	9. Birthple Counti	ca (State o y) rylanc	r Foreign
natural', or Kema 23a or 28a-f show	Director	10a. Steta 10b. County Maryland Prince (0c. City, Town	orLocation er Marlboro				10	d. Inside Ci	
23a or 2		10e. Street and Number 3311 Brookshire	C+		10f. Zip Code	772	1	Og. Citizen of V			
78 2	Funeral	11. Maritei Status	12. Wes Decedent Eve	or in U.S.			ecify Yes or No-		e - America		
Examiner	ρλ	1 Never Married 2 Merried 3 Widowed 4 Divorced	Armed Forces? 1X Yes 2 □ No If Yes, Give Year or Dates:		13. Was Decedent of H If Yes, specify Cub 1 ☐ Yes 2 No		Rican, etc.)		ck, White, e		
natu	Completed	15. Decedent's E (Specify only highest gr	ducation ede completed)	1 (Decedent's Usuel Occup Give kind of work done	during most of work	Ing	16b. Kind of B	usiness/Indu	istry	
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7 is marked traumatic ev		19a. Informent's Neme/Relationship	Type, Print)	19b.	Meiling Address (Streat	end Number or Run	el Route Numbe	, City or Town,	Stete, Zip (Code)	
CI P		Kimberly C. Mars	hall	33	311 Brooksh	ire Ct.,	Upper Ma	arlboro	, MD	207	772
ant: if Item 2		20a. Method of Disposition 1536 Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Special Content of the Cont	Removel from State	20b. Piece of I cametery Mary La Cemete	Disposition (Neme of control of the plant of	S 7	Dete /24/96 (20c. Location - Chelten			
Department of important: if it any injury or once.		21. Signature of Funeral Service Lice	nsee	_Oemec.	22. Neme end Addre	ss of Fecility					
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certificate rector, pag	∞	25. Was case rafarred to medical exeminer?	Hospital:		otlost 30 DOA Oth	26. Plece of Death					
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within 24 hours effer death. To the Funeral Director: Affer this certifical completely filled in by the funeral director.		4 Homicide determined	building, etc. (5	Poad				church	Rd	Bou	ie
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Toth		29b. Signatura end t itle of certifie r	97/1		29c. Licens			9d. Dete signed			
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Registrar

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State of Maryland / Department of Health and Mental Hygiene 96 24045

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Physicia	an	1. Decedent's Name (First, Middle, L JUDY		McKINN	TES				2. Date of D. JULY	-	1996	3. Time of Death 6:15 AM		
/Medic Examin		4a. Facility Name (If not institution, gi	ve street end numbar		100				ocation of Dea	th 4c. Coun	nty of Death			
Funeral Director		5. Social Sacurity Number 6. 219–64–5221		ga (In yrs. lest i	birthday) Yrs.	If Undar 1 You Months Da		der 24 Hrs.		rth ey, Yeer)	9. Birth Cou	nplace (Steta or Foreign intry)		
the Maryland 28a-f show	tor	Usual Rasidenca of Decedent 10a. Stete 10b. County Maryland Prince	George's	10c. City, To	own or Local	ation						10d. Inside City Llmits 1 Yes 2 □ No		
1th with the 23a or 28	I Direc	10e. Street and Number 9007 Volta Stre	et		-	10f. Zip Coo 2070				10g. Citizen o	en of Whet Country?			
5-0020 72 hours after death with the Maryland natural', or Nems 23a or 28a-f show alcal Examiner must be notified at	by Funeral Director	11. Marital Status 1 ☒ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Daceden Armed Forcas 1 Yes 2 If Yes, Give Year or Dates:	? [No		as Decedent Yes, specity (pecify Yas or No Rican, etc.)		aca - Amer lack, White	ican Indian, , etc. .ack		
21215-0020 d within 72 hours af giene. In then "netural", or the "Medical Evann	Completed	15. Decedent's E (Specify only highest gr Eiementary/Secondary (0-12)	ducation ede completed) College (1-4or	5+)	a. Decede (Give ki life. De	ont's Usual Oci ind of work do O NOT use re	ccupation one during r tired)	nost of work	king	16b. Kind of		ndustry		
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aryla should nd Men marke		19e. Informant's Name/Relationship	(Type, Print)	19	9b. Mailing	Address (St	reet end Nu	_		per, City or Tow	n. State 7	in Code)		
Baltimore, Misperse, Misperse, Misperse, Pages 1 end 2 Department of Health a Important: If Item 27 is any Injury or other training.		Brenda Leake/Si	ster	20b. Piaca	3209 Barcroft Drive, Placa of Disposition (Neme of cemetery, cremetory or other place)						aryla	nd 20774		
Baltimore, permit. Pages 1 e Department of Hee important: if Item any Injury or othe	-	1 ☐ Burial 2 ☑ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Special Service Lice	fy)		apeak	e Crem	atory		07/23/ 1996	Beltsv	ville	, Maryland		
Depa Depa Impo any i		21. Signatura of Funeral Service Licensee Nancy A. Percenta 22. Name and Address of Facility J. B. JENKINS FUNERAL HOME 7474 Landover Road, Landover, Maryland 20785 23a. Part 1. Enter the disease, or complications that caused the death. Do not anter the moda of dying, such as cardiac or raspiratory arrest, Indepting a proximate integral Between												
	I Examiner	Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or in jury that initiated events	a. Blunt	2	e consequ	in, u	ries					Approximate Interval Between Onsat and Death		
	Physician/Medical	thet initiated events resulting in death) Last	d	Due to (or as a			given In Pa	art I.	23b. Did	tobacco usa c	ontribute t	to the cause of death		
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OI VILAI RECORDS, P.O. BK Physician: The law requires that the death this certificate has been signed by the atter ral director, page 2 should be deteched for I	Completed									an autopsy ormed?	a\ cc	Vere autopsy findings vallable prior to ompletion of causa i death?		
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Physician: The this certificate ral director, page	a a	25. Was case referred to medical examiner?					26. PI	ece of Deet	h (Check only	one)				
hysic Il dire	0	1X Yes 2□ No		ent 2 ER/C		3□ DOA	Other: 4 🗆	Nursing Ho	me 5 Resi	dence 8 🖔 O	ther (Speci	SCENE		
or Attending Ph efter death. Director: After th In by the funeral		27. Menner of Death 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not b	1 10	y Year)	Time of Injury	28c. l	njury at Work? I∐ Yes 2	Ş-No	28d. Describe	how Injury occu	urred enter			
ftal or Attendir urs efter death. rai Director: Al		4 ⊠Homicide determined	28e. Placa of in	jury - At home, to. (Specify)		t, factory, offi	Ca		28f. Location (City or To 5610	Street end Num wn, Stete) Tilda		el Route Number,		
To the Hospital or At within 24 hours effer d To the Funaral Direct completely filled in by	edical	29a. Certifier (Check only one) 1 Certifying Ph 2 Medical Exam	yaicien: To the best niner: On the basis o and manner st	f examinetion a	e, deeth o nd/or inve	ccurred at the stigetion, in m	e time, dete ny opinion, d	and placa, death occur	end due to the red et the time,	cause(s) end n date and placa	nanner as a , end due t	stated. to the cause(s)		
To the within 2 To the comple	2	29b. Signature and title_of_certifier	ML				C.M.			29d. Data sign JULY 1				
6		30. Name end address of person who	completed cause of c			-	t, B	altir	nore,	Maryla	and 2	21201		
State Registra	~	31. Date filed <i>(Month, Day, Yeer)</i> JUL 2 5 1996	22. Registr	ar's Signature	dall									

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State of Maryland / Department of Health and Mental Hygiene

McKIMMIE

Certificate of Death

2¹³ 1996

2. Dete of Death

JULY

3. Time of Deeth

6:15 AM

Physician
/Medical
Examiner

1. Decedent's Name (First, Middle, Last)

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4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death 5601 38th. AVENUE HYATTSVILLE PRINCE GEORGES 5. Social Security Number If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) April 29,1920 7. Age (In yrs. lest birthday) **Funeral** Birthplace (State or Foreign Country) Months Days 1□M 2⊠F Hours 577-16-7265 Director 76 Yrs Nebraska Usual Residence of Decedent the Maryland 10a. State 10c. City, Town or Location 28a-f show 10d. Inside City Limits traumatic event, the Medical Examiner must be nothing at Director 1 Ves 2 No MD Prince George's Hyattsville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 6 itema 23a 5601 38th Avenue 20782 2 should be filed within 72 hours efter death v end Mental Hygiene. Is marked other than "nature!", or itema 23 Funeral U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 1 ☐ Yes 2 K No If Yes, Give Year or Detes: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: þ Specify 3 ☑ Widowed 4 □ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Housewife Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Α. Clvde. Gentzler Leta V. Lee 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) . Pages 1 end 2 st tment of Health end tant: if item 27 is r jury or other traus Patricia Lee Ashburn / Daughter 770 West Side Drive, Gaithersburg, Maryland 20878 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) Date 20c. Location - City or Town, Stete permit. Pages Department of Important: If it any injury or one. 1 ☐ Burial 2 ☑ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Metropolitan Crematory 7/27/1996 Alexandria, Virginia 21. Signature of Funeral Servica Licensee 22. Name and Address of Fecility Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue, Hyattsville, MD 20781 ersa 23e. Pertt. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death Physician Immediate Cause (Final disease or condition resulting in death) /Medical a Arteriosclerotic Cardiovascular Disease Examiner Due to (or as a consequence ot) Examiner or Attending Physician: The law requires that the death certificate be executed Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last the buriel-tran Due to (or as a consequenca of) Division of Vital Records, P.O. Box 68760, ettending physician Physician/Medical Due to (or as a consequence of) Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Dfd tobacco use contribute to the cause of death? the signed by t 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4X Unknown þ 24b. Were autopsy tindings evellable prior to completion of cause ot death? Completed 24a. Was an eutopsy performed? peeu hes certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No director. Be 25. Was case referred to medical exeminer? 28. Piece of Death (Check only one) Hospital: 2 1 Yes 2 No Other: 4 Nursing Home 5 X Residenca 8 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this uneral 27. Manner of Death 28c. Injury at Work? 28a. Date of Injury (Month, Dey Year) Certification: 28d. Describe how Injury occurred After 1 Neturel
2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No efter death. Director: / 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 24 hours el Funeral D letely filled i 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and plece, and due to the cause(s) and menner as steled.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner steled. Medical (Check only one) To the Vithin 2 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) huite in O.C.M.E. JULY 23,1996 man

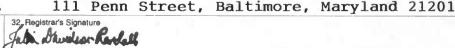
State Registrar

31. Date filed (Month, Day, Year)

Dennis Chute M.D.

JUL 26

30. Neme and address of person who completed cause of deeth (item 23a) (Type, Print)



DHMH 16 Rev 6/95



FISHER SET SEE

State of Maryland / Department of Health and Mental Hygiene 96

)						Certificate	of Death		Reg. No.	0	24041
	Physic	ian	1. Decedant's Nama (First, Middle, Le	2		1 - 1 -		2. Deta of D		Yaar	3. Tima of Death
	/Medi		Howard 5	heridan	\wedge	ragle,	,	July	29 1	996	1:45 pm
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L			Fallston General 5. Social Security Number 6.		n yrs. last birt	hday) If Under 1 Y	Fallst		Harf		(0)
	Funeral Director		215-01-5009 Usuel Residence of Decedant	7. Aga (//			ays Hours Mi		7, 1918	9. Birthpie Countr Mary	ece (Stata or Foreign Land
	yland		10a. Stata 10b. County	10	c. City, Town	or Location				10	d. Insida City Limits
	Mar Mar	ctor	Maryland Harfo	rd	Be1	Air					1 ☐ Yes 2X No
	d within 72 hours efter death with the Maryland jiene. r than "natural", or flems 23a or 28a-f show the Medical Examiner must be notified at	Director	10e. Street and Number			10f. Zip Co			10g. Citizen of	Whet Countr	ry?
	ath w		28 Lake Drive	1		2.1	.014		USA		
	er de Item	Funeral	11. Maritel Stetus	12. Was Decedant Eva Armed Forcas?	r in U,S.	13. Was Dacedant If Yas, specify	of Hispenic Origin? Cuban, Mexican, Pu	(Specify Yes or N arto Rican, atc.)		e - America ck, Whita, e	
)20	r. o.	by F	1 Navar Married 2 Merried 3 Widowed 4 Divorced	1 XYas 2 No If Yas, Giva Yaar or Detes: 19.	11-17	1 □ Yas 2 □	No Specify:		Specify	" Whi	to
21215-0020	2 hou		15. Decedant's E	ducation	1	Decedent's Usual O	ccupation		16b. Kind of Br		
215	within 7 ene. than "n	Completed	(Specify only highast gri	ada complated) Collega (1-4or 5+)		(Giva kind of work d lifa. DO NOT usa n	ona during most of w stired)	vorking			
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pu	be filed fel Hygi d other	B	17. Fathar's Name (First, Middla, Last					ame (First, Middle		ia)	
7	should be nd Mentel marked o	10	Willard Sherida						ultz		
, Maryland	nd 2 : alth er 27 Is r trau		19a. Informent's Name/Ralationship	Wife	28	B Lake Dr.	reat and Number or , Bel Air		ber, City or Town, 21014	Stata, Zip (Coda)
altimore,	Peges 1 a nent of Hea nt: If item iry or othe		20a. Mathod of Disposition 1 ⊠ Burial 2 □ Crametlon 3 □	Ramovai from Stete	Ob. Place of cemetary	Disposition (Nama o	of place)	Data	20c. Location -	City or Tow	m, State
₩ E	tmen tant:		4 Donetion 5 Othar (Spaci	(y)	Centre	e U.M. Cen		8/2/96	Forest	Hill,	Md.
Bal	permit. Peges Department of Important: If it any injury or o		21. Signatura of Funerel Servica Lica	nsae		22. Nama and A Howard	ddrass of Fecility K. McComa	s III Fu	neral Ho	ome, F	P.A.
			suplus al	Mugh		1217 0	Jeoglasses T	ad Abi-	walon Mi	1. 21	L009
ā			23a. Part1. Enta tha disaasa, or com shock, or heert failura. List only	ona cause on each line.	daath. Do n	ot antar tha mode of	dying, such as card	iac or raspiratory	arrast,		Approximata Interval Between Onset end Death
	Physician /Medical		Immediate Cause (Final	META	170	nc 1	ung (ANCIE	1		
	Examiner		disaasa or condition resulting in death)	u			900	_110.00		10	MONTHS
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	rtificate be executed ng physiclen end es the buriel-transit	Examiner	Sequentially list conditions,	b. — Dua	to (or as a c	onsequence of):					
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	ing e	Σ		d						i	
Box	death ce le ettendi ed for use	ciar									
P. 0.	that the death co	Physician/	Pert II. Other significant conditions	contributing to death but no	ot resulting in	tha undariying caus	a given in Part I.		tobacco use co Yes 2□ No	atribute to t	the cause of death?
	es that igned b	by P	CORINARy	- AVCTEN	y	DISEX	BE	-	Tes 2LINO	3 Probl	ably 4 Onknown
Records,	- 0 D	ed k							s an autopsy ormed?	24b. Wer	re eutopsy findings ilable prior to
900	ew request been 2 should	ple						-	omino:	com	pletion of cause eath?
	The lev ate hes page 2	Completed						1 🗆	Yas 2 No	1 🗆	Yes 2□ No
Vita	Attending Physician: The Isr death. ector: After this certificate he by the funeral director, page	Be (25. Was case referred to medical exeminer?					eeth (Check only	ona)		
	Physic this c	L _o	1 Yas 2 No	Hospital:	2 ER/Out			Homa 5□ Ras			
U.	Ing P	lon	27. Manner of Death 1 Natural 5 Pending	28a. Data of Injury (Month, Day Ye	ar) 28b. Ti		Injury at Work?	28d. Dascribe	how injury occur	ed	
Division of	or Attending i efter death. Director: After In by the funer	Ilcat	2 ☐ Accidant invastigatio 3 ☐ Suicida 6 ☐ Could not b	a con Dines of taken	At home for	M street fectory of	1 ☐ Yas 2 ☐ No	28f Location	(Streat and Numb	er or Rural	Routa Number
<u>≤</u>	or A effer Direct	Certification:	4 ☐ Homicide datarmined	building, atc. (S		in, straat, ractory, on	100		wn, State)	or or maran	Troute rearrour,
	spita nours nerel y fille		29a. Cartifiar 1 Certifying Ph	ysician: To the best of my	y knowladga,	daath occurred at th	e time, deta and pla	ca, and dua to the	causa(s) and ma	innar as sta	itad.
	To the Hospital or Attending Phwithin 24 hours efter death. To the Funerel Director: After this completely filled in by the funeral	edical	(Check only 2 Medical Exar	niner: On the basis of axa and menner stated.	mination and	or Invastigation, In r	ny opinion, daath oc	curred at tha tima	, data and place,	and dua to t	tha cause(s)
	To the To the Comp	Ž	Signature end title of certified	1	X.	29c. Lie	ense number		29d. Date signe	d (Month, D	ay, Year)
			1 pm	who	Y	7	03177	5	suly	27,	1776
			30. Name and address of person who	completed cause of death	(Hem 23a) (Type, 97/2	SELA1	RR	OAD	-	21-11-
			JUBAN 1. EBL	7,7	-	- 1	AUS 70,	v, m	ANGLA	ND	J10T1
	Sta Registr		31. Dete filed (Month, Day, Year)	32. Registrer's	Signature Par	fall		•	•		
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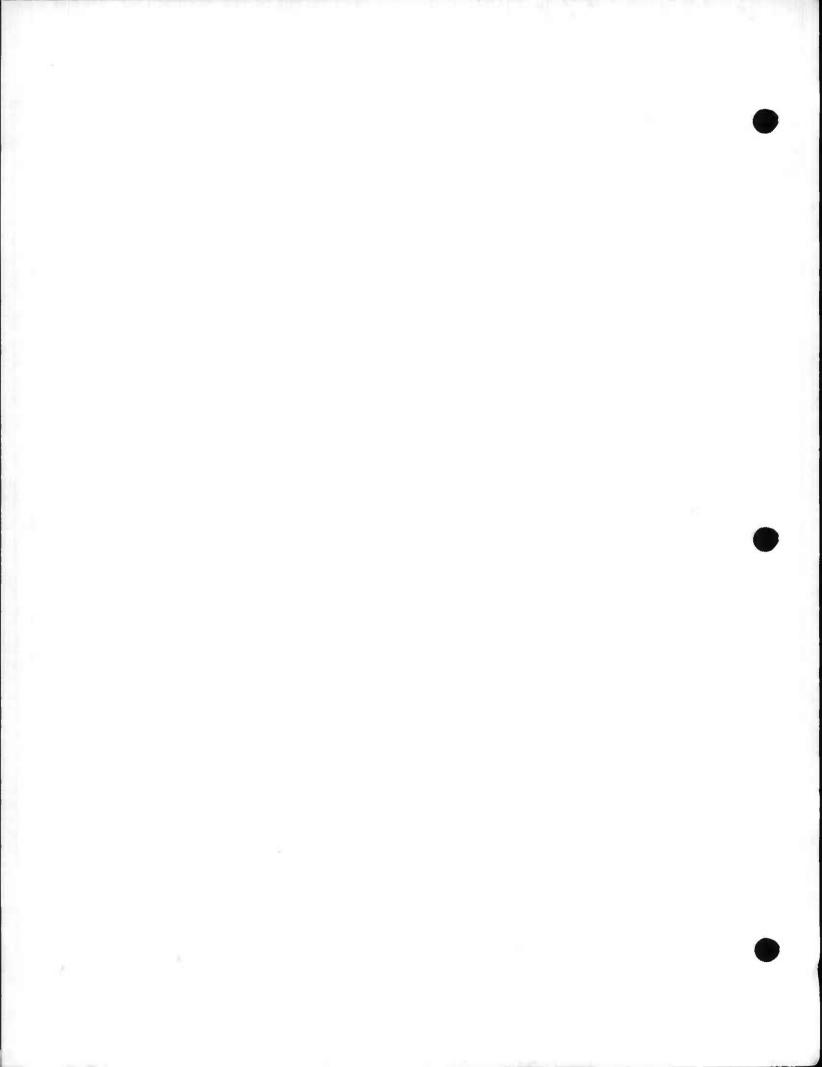
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Physici /Medi		Bestiny Nov	vis							Month 07	Day 12	Year 96	11:04 R	
Examir		40. Facility Nama (If not institution, g		r)			4	0 .	wn, or Lo	cation of Death	4c. Count	of Death	-	
Funeral Director			Sex 7. A	Age (in yrs. i	est birthday) Yrs.	If Under Months	1 Year Days	If Under Hours	24 Hrs. Min.	8. Dete of Birt (Month, De	, Year)	Count	ece (Stete or For ry)	
		Usuei Residence of Decedent		10.00				5	(8	07 /	1 46	IND		
Manyla H sho	tor	Maryland Montgomer	ry	Tuc. City	, Town or Lo	cation	Silv	er Spr	ring			10	ld. Inside City Lir 1 XX es 2 □	
with the Maryland a or 28a-f show be notified at	Funeral Director	10e. Street and Number				10f. Zip	Code	20000			10g. Citizen of U.S.		ry?	
Jeath v	eral	2707 Evans Drive	12. Wes Deceden	it Ever in U.	S. 13. V	Vas Deced	ent of H	20902	aln? (Spe	ecify Yes or No-		ca - America	n Indian.	
ours after dea	by	1 Never Married 2 Merried 3 Widowed 4 Divorced	Armed Forces 1 ☐ Yes 2 Å If Yes, Give Yeer or Detes	XNo	l I	fYes, speci I□Yes 2	V	n, Mexicar Specify:		ecify Yes or No- Rican, etc.)	Specif	ck, White, e	tc.	
be filed within 72 hours after death with the Maryland lat Hyglene. I other than "natural", or items 23a or 28a-f show event, the Medical Examiner must be incitled at	Completed	15. Decedent's Elementery/Secondery (0-12) N/A	Education rade completed) College (1-4o	r 5+)	16a. Deced (Give iife. L	lent's Usue kind of work DO NOT use	k done d	durina mos		ing	16b. Kind of Business/Industry			
	To Be Co	17. Fether's Neme (First, Middle, Las Yhongos P	•						er's Neme	(First, Middle, Erika Nor	Melden Surnai			
DENE	1	19e. Informent's Neme/Reletionship Erika Pinto (Mother)			19b. Meilin 2707 E	g Address Vans D	(Street a	and Number	er or Rure	ing, Mar	y land 20	State, Zip (Code)	
Pages 1 and 3 nent of Health nt: if Nem 27 iny or other tr		20e. Method of Disposition 1 Suriel 2 Cremetion 3 4 Donetion 5 Other (Spec	☐Removel from State	CE	ace of Disposemetery, cremional Ha	netory or of	her piec	e) rial Pa	ark 7	Dete 7/19/96	20c. Location Landover			
permit. Pages Department of Important: If it any injury or once.		National Harmony Memorial Park 7/19/96 Landover, Mary 1. Sometim of Funeral Sorvice Licensee 2. Name and Address of Facility Rollins FUneral Home, INc. 4339 Hunt Place, N.E. Washington, D.C. 200												
Physician /Medical Examiner	_	231. Print. Enter the disease, or consh, ck, or heart fellure. List only immediate Ceuse (Finel disease or condition resulting in deeth)	e. Sup	Sis	as e conseq		or dyin	g, such es	cardiec	or respiratory an	rest,		Approximate Interval Between Onset and Death	
be axecuted ician and burial-transit	Examiner	Sequentially list conditions,	b	Due to (or es a consequence of):										
death cerificata be axecuted e attending physician and od for use as the bunal-transi	dical E	Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in death) Lest	c. — Due to (or as e consequence of):							*				
leath certific attending p	Physician/Me		d				-							
the att	sick	Pert II. Other significant conditions	contributing to death	but not resu	Iting In the ur	nderlying ca	use give	en in Pert I		23b. Did t	obacco use co	ntribute to	the cause of de	
requires that the de een signed by the hould be detached	by Ph	extreme	prematu	ity						101	/ee 2⊠No	3 Prob	ably 4 ☐ Unkr	
S S ¥	Completed	Respirato	y Destre	is Sy	udun	-				24a. Was a	an autopsy med?	con	re autopsy finding ilable prior to apletion of cause eath?	
The ata	Co									tXX Y	es 2□No	1 🗆	Yes 2□ No	
Physician: The	o Be	25. Wes case referred to medical examiner? 1 ☐ Yes 2 ☐ No	Hospitel:		-5/2		Othe	ar.		(Check only o				
Attending Phy ar death. ector: Aftar this by the funeral d	ation: To	27. Menner of Deeth 1 Neturel 5 Pending 2 Accident Investigetic	26a. Dete of Inj (Month, D		28b. Time of Injury		Bc. Injun Worl	4 LI NU	1	me 5 🗆 Resid 28d. Describe h)	
To the Hospital or Attending Phywithin 24 hours aftar death. To the Funeral Director: Aftar thi completely filled in by the funeral	Certification:	3 ☐ Suicide 6 ☐ Could not I determined	286. Piece of in	njury - At hor etc. (Specify)	me, farm, stre	eet, fectory,	office		1	28f. Location (S City or Tow		ber or Rurel	Route Number,	
Hospit 24 hour Funer letely fill	edical	29e. Certifier (Check only one) 1≅ Certifying Pl	hyelclen: To the best miner: On the basis end menner s	of examineti	rledge, deeth on end/or Inv	occurred e estigation,	t the tim in my op	e, dete en olnion, dee	d plece, a th occurre	and due to the ded et the time, d	ause(s) end m lete end pleca,	enner as sta and due to	ited. the cause(s)	
Within To the compl	Me	29b. Signeture and title of certifier				29c.	License	number			29d. Dete signe	ed (Month, E	Dey, Year)	
	-	Rose Man			>			375				12196		
		30. Name and address of person who Rose Marie VI 31. Date tiled (Month, Day, Year)	completed cause of	deeth (iiem	23e) (Type, I	Print)	. <	-4	Bil	+1 h 1	m	7,7		
		1 2 200 11 (CV) 20 V 1	accuracy	-1 6	the same of the same of	LATEN	A. i	> 1 h	·UUL	11 more	7	4 / 64		

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and the second second DIVISION OF VITAL RECORDS, P.O. BOX 68760

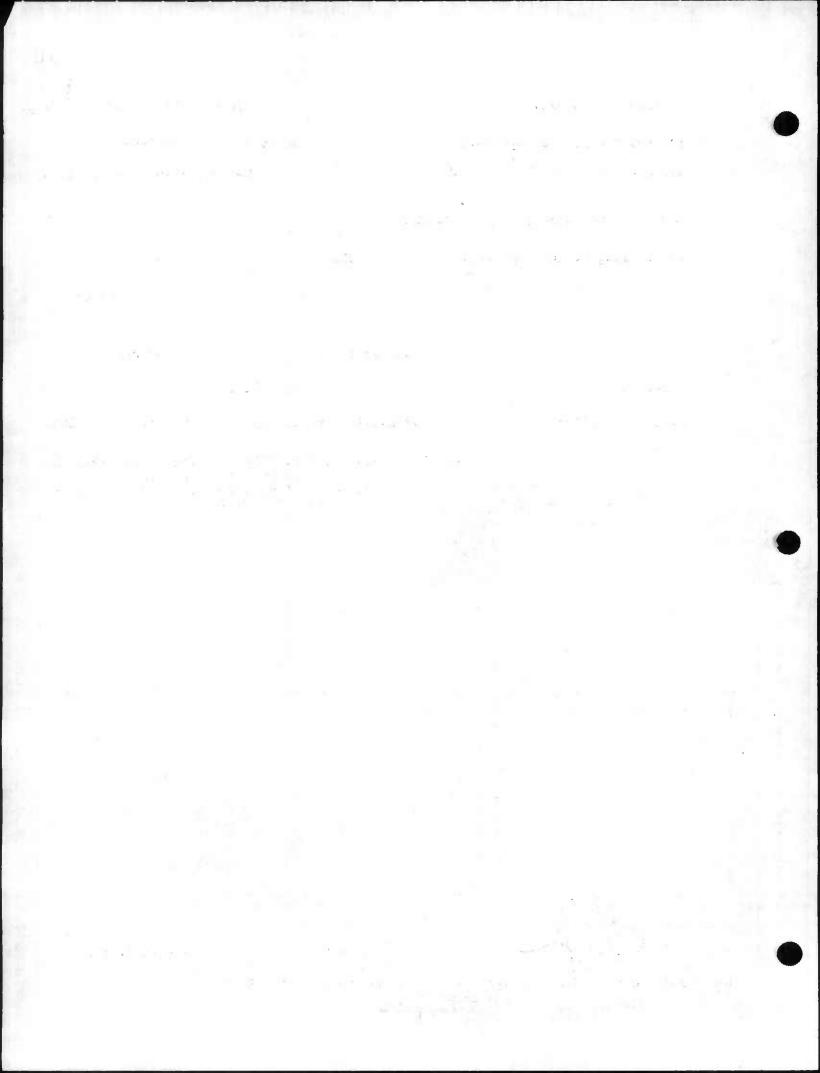
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with me. hours after death. Page 6 may be retained by the hospital or attending the continuous process.
to the Context, unstance, with the State Dept. of Health and Mental Argiene prior to burist, correction, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	TATE OF MARYLA		MENT OF H		MENTAL HYG			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT			3. TIME OF DEATH
	KATNEE	C	HAB			July	28 1	996	5:30 ам
	4. SOCIAL SECURITY NUMBER 5. S 562-43-0593	Section 1		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTI (Month, Day, Ye	ar)	8. BIRTH Country	PLACE (State of Foreign W) Republic
	9a. FACILITY NAME (If not institution, give street e			Dh. CITY TOWN!	R LOCATION OF D	Oct. 12		of G	uyana
DIRECTOR	Kensington Gardens/			Kensing		EATH		gome	
<u>اللا</u>	10a. STATE 10b. COUNTY		10c, CITY,	TOWN OR LOCAT	ION				10d. INSIDE CITY
	MD Montgome:	ry	Silv	er Spri	ng			_	1 TYES 2 K NO
FUNERAL	10a. STREET AND NUMBER				ZIP CODE		10g. CIT	IZEN OF W	VHAT COUNTRY?
ÿ	11517 Colt Terrace				0902			SA	
	1 Never Married 2 Merried	WAS DECEDENT EVER IN U FORCES? 1 YES	2 X NO	If yes, sp	cify Cuban, Mexics	NIC ORIGIN? (Specifi in, Puerto Rican, ato	ly Yes or No—	14. RACE Black	— American Indian, c, White, atc.
ВУ	3 X Widowed 4 Divorced	F YES, GIVE WAR OR DAT	ES	1 TYES	2 ∑ NO Specif	y:		East	Indian
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete)	N (etect)	16a. DECEDENT'S U	SUAL OCCUPATION TO THE MONEY OF	N st of wadded	16b. KIND O	F BUSINESS/INC	DUSTRY	
9	Elementary/Secondary (0-12) Col	lege (1-4 or 5+)	life. Do NOT use	retired.)	of Working				
₹	6		Homemake	r		Own I			
	17. FATHER'S NAME (First, Middle, Lest) Balkissoon					ME (First, Middle, Mi	siden Surname)		
B	190. INFORMANT'S NAME (Type/Print)		195 MAILING A	DDBESS (Street o	Soogia	Route Number, City o		0.11	
2	Leonard Ramroop					Silver Sp			20902
	20a. METHOD OF DISPOSITION	20b. F	LACE AND DATE OF	DISPOSITION /No	me of	DATE 20	C. LOCATION -	City or Ton	wn State
	1 X Buriel 2 Cremation 3 Ramoval for 4 Donetion 5 Other (Specify)	rom State cemet	ery, cremetory or other te of HE	aven Ce	metery 7	/30/96 8	Silver	Spri	ng, Maryland
	21. SIGNATURE OF FUHERAL SERVICE LICENSE	1.	/	22. NAME AN	D AOORESS OF FA	The France	is J.	Coll	ins y Blvd. West
	Veratt L. Q	med				MD 209		ISIL.	y biva. west
	23 PART I. Enter the diseases or comple ahock, or heart fallure. List of	lications that coused f	the death. Do no					reat,	Approximate
- 1	IMMEDIATE CAUSE (Final		***************************************						Onset and Death
	disease or condition resulting in death)	Treumor	ua						
		DUE TO (OR AS A C	CONSEQUENCE OF):						
CERTIFICATION	Sequentially list conditions, b	OUE TO (OR AS A C	ONSEQUENCE OF:						
¥	if any, leading to immediate cause. Enter UNDERLYING		,						i
Ĕ	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A C	ONSEQUENCE OF):						
E	reaulting in death) LAST								
AL C	PART II. Other aignificent conditions cor	ntributing to deetly but	not resulting in	the underlying	cause given in	Part I. 24a. WA	S AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
	Cerebrovascular	acciden	t			PE	RFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC							2 2 2010		OF DEATH?
ż	DID TOBACCO USE CONTRIBU	TE TO CAUSE OF	DEATH YES	□ NO □	UNCERTAII	N D		-	
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL;	. PLACE OF DEATH	(Check only one)					
XSI	1 YES 2 NO 1	Inpatient 2 - ER/Output	lent 3 DOA	Nursing Hom	5 - Residence	8 Other (Specify,)		
	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	RY WO	RIC?	28d. DESCRIBE H	OW INJURY OC	CURED	
8	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY -	- At home form str		ES 2 NO	28f, LOCATION (SI	bank and Marchae	0 / 0	
ETED	4 Homicide 8 Could not be detarmined	building, atc. (Specify)	out, rectory, office		City or Town,		or numin	oute number,
٣	29e. CERTIFIER (Check only	To the best of my knowled	doe, death occurred	at the time date	and place, and due	to the cause(s) con	I manner en etel	had	
COMPL	one) 2 MEOICAL EXAMINER: On) and menner se stated.
	296. STONATURE AND TITLE OF CERTIFIER	a.			29c. LICENSE NUI				(Month, Day, Year)
S BE	Jeame Path	MA			D3403		17	1 1	76
2	30. NAME AND ADDRESS OF PERSON WHO CON	PLETED CAUSE OF DEAT			8	4	1/2-	, /1	1200
	MULANNE T. AS	SHERMO		KKAGC	IT AVE	KENS	NGTO	NM	W20875
	JUL 3 0 1996	32. REGISTRAR'S SIGNAT	WARE AROUND -						
	9 1330	(1	- Marie						



State of Maryland / Department of Health and Mental Hygiene 96 24050

						Cei	rtificate (of Death	ל		Reg. No.				
ı	Physic	ian	Decedent's Neme (First, Middle,							2. Date of Do	eeth	Year	3. Tima of Deeth		
J	/Medi		Claudia M. O'N							July	3°Y	^Y 1996	12:04 p		
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	pue *		Usual Residence of Decedent 10a. State 10b. County		10c City	, Town or Lo	cation		-			10	Ad toulds Obs. the be-		
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	1 8 g	吉	10e. Street and Number				10f. Zip Cod	ie			10g. Citizen of	Whet Count	ry?		
	ath v		199 Rolling Aven	ue, Apt	#411		2085	2			USA				
020	permit. Pages 1 end 2 should be filed within 72 hours after death with the Maryland Department of Health and Mentel Hygiene. Important: if item 27 is marked other than "naturat, or items 23a or 28a-f show any follury or other traumatic event, if a Madical Examiner must be notified at once.	by Funeral	11. Maritel Stetus 1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	Armed For	2 \	i	Was Decedent f Yes, specify (1 ☐ Yes 2 🛣			pecify Yes or No o Rican, etc.)	0- 14. Ra Ble Speci	an Indian, itc. ite			
Baltimore, Maryland 21215-0020	ithin 72 h ne. nen *netu	Completed	15. Decedent's (Specify only highest) Elementary/Secondery (0-12)	Education grade completed) College (1:	-4or 5+)	(Give life. L	lent's Usual Oc kind of work do DO NOT use re	cupation one during mo tired)	st of wor	king	16b. Kind of E	ustry			
N	ygier ygier ft, th	S	12			Home	maker					Home			
yland	Mentel H Mentel H arkad oth	To Be	17. Fether's Neme (First, Middle, Le Claude Wylie	st)						na <i>(First, Middle</i> Flood	, Meiden Sume	me)			
a	s ma		19e. Informant's Neme/Reletionship	(Type, Print)		19b. Mailin	ng Address (Str	eet end Numi	ber or Ru	ral Route Numb	er, City or Town	, State, Zip (Code)		
≥.	end alth		Everett R. O'Nei	1		199 R	ollins	Avenue	e, Ap	ot 411,	ROckvil	le, M	D 20852		
ore	of He		20a. Method of Disposition			ece of Dispo	sition (Nema or	plece)		Date	20c. Location	- City or Tow	vn, Stete		
Ĕ	Pagent Int. If		1 Buriel 2 □ Cremetion 3 4 □ Donation 5 □ Other (Spe	⊔Removal from S cify)	state			,	8/3	3/96	Rockyi 1	1e. M:	arvland		
alti	mit. Sentra Sorta / Inju		4 Donation 5 Other (Specify) Parklawn Memorial Park 8/3/96 Rockville, 21. Signetura of Funerel Service Licensee 22. Name and Address of Facility Francis J. Collins Funeral Home, Inc. 500 University Blv												
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	Examiner		diseese or condition resulting in deeth)	e. Car	diac Rhy										
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	uted	Sequentially list conditions, if any, leading to immediate cause. Enter I locker line. Hypertension Due to (or es e consequence of):										<u> </u>			
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0	het the		hyperlipoprot	einemia						1 🗆	Yes 2 No	3 Probe	ably 4 Unknown		
5	signe d be d	by													
Hecords,	e law requires thet the hes been signed by th je 2 should be detache	Completed								24e. Was parfo	en eutopsy ormed?	com	re eutopsy findings lable prior to apletion of cause eath?		
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VIII a	ysician: The s certificate director, peg	Be	25. Wes case referred to medical examiner?					26. Plec	e of Deal	th (Check only	one)				
> 		To	1 Yes 2 No	Hospitai: 1 ☐ In	petient 2 E	R/Outpetient	3□ DOA	Other: 4 N	ursing Ho	ome 5 N Resi	dence 6 □Oth	ner (Specify)			
	0 0 0		27. Manner of Death 1 X Neturel 5 ☐ Pending	28e. Date of	Injury Dey Year)	28b. Time of	28c. fr	njury et Vork?			how injury occur				
<u></u>	Attending in death.	atlo	1 ☑ Neturel 5 ☐ Pending 2 ☐ Accident investigeti		, boy rour,	injury		Yes 2	No						
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	To the Hospital or within 24 hours efter to the Funeral Dir completely filled in	edical (29a. Certifier (Check only one)	rystotan: To the b	ils of examinetic	rledge, death on and/or inv	occurred et the estigation, in m	time, dete er y oplnion, des	nd place, eth occur	and due to the red et the tima,	cause(s) and midate end piece,	enner as state and due to t	ted. he ceuse(s)		
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State of Maryland / Department of Health and Mental Hygiene 96

								Cer	tificat	e of	Death	1		Reg.	No.			
	2.11		1. Decedent's Nama (First, Midd	le, Last)		100							2. Date of De	eath		J.C.	3. Th	ma of Death
	Physic /Medi		Carrie	Ρ.	0	WENS							July	1 1	7,19	96	1	0:05P
ř	Exami		4a. Facility Name (If not institution DOCTORS COMM							-		own, or Lo	ocation of Deal	th	4c. County	of Death		
_			5. Social Security Number	6. Sex		7. Age (In vi	no le né biet	holoud	If Under	1 Vea			8. Date of Bi		111110			
	Funeral Director		227-26-4034 Usuai Residence of Decedent		M 2 0%F	81		rs.	Months	Days		Min.	(Month, D	ay, Ye		9. Birthp Coun Nort	h Ca	arolina
	Aand Mand		10a. State 10b. County 10c. City, Town or Location								1	0d. Insl	de City Limits					
	he Man	Director	Maryland Princ	e Ge	orge'	s	G.	Lena	arden									Yes 2□No
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	n 72 hours effer death with the Maryland *natural', or Hems 23a or 28a-f show spical Examinet must be nothed at	by Funeral	11. Marital Status 1 ☐ Never Married 2 ☐ Mar 3XXWidowed 4 ☐ Divorced	ried	12. Was Decedant Evar Armed Forces? 1 ☐ Yas 23 No If Yes, Give Yaar or Dates:		1		Vas Decedent of Hispanic Origin? (Sp Yes, specify Cuban, Mexican, Puarto ☐ Yes 2♥ No Specify:			n, Puarto	pecify Yas or No- o Rican, etc.)		14. Race - Ama Biack, White Specify:			
	2 hou	8	15. Decedent's Edu		ation		16a.	Deced	ent's Usue	ol Occu	petion			16b	. Kind of B			X
	C	Completed	(Specify only higher Elementary/Secondary (0-12) 8	2) College		1-4or 5+)		life. D	ilve kind of work done e. DO NOT use retin ousekeeper		e during most of working red)		ing		Priva			
ļ	F F F		17. Father's Name (First, Middle,	Last)					00100	PCI		er's Nami	e (First, Middle	, Maio			-	
	0 5 0 e	o Be	Unknown		Unknown						er e							
-	d 2 should b th end Menta 7 is marked traumatic ex	F	19e. Informant's Name/Rejations	ship (Typ	e, Print)	· -	19b.					Rural Route Number, City or Town, State, Zip Code)						
	T To T		James A. Smit						ey Street, Baltimore, MD 21217									
	- 4 8 4		20a. Mathod of Disposition 1 XBuriai 2 Cremation 4 Donation 5 Other (S	3 □Re	*	State M	Place of cemater	Dispos v, crem and	sition (Ner netory or o Nati	ne of ther pla	-	T	Date	20c	Location -		wn, Sta	ita
Baitimore,	permit. Peges Department of Important: If it any injury or o		21. Signature of Funeral Service		0	/	lemor	22.		d Addr	ess of Facil	ity	/24/96		aurel	, MD		
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	Physician /Medical Examiner	niner	Immediate Cause (Final diseasa or condition resulting in death)	e.		Due to	o o e			ea	c ru	est	ma				the	and Death
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,		o Be	examiner?		ospitai:	nnationt 2	DER/O	nation	3 D DC	O A	ther:		h (Check only		8 104	er (Specif	6v)	
5	Attending Physic death. actor: After this by the funeral d	-	1 Inpatient 208EH/Outpatient 3 DO						28c. Injury at Work? 28d. Describe how injury occurred				7/					
-	of or Attending a strength. Director: A d in by the fu	Certification:	3 ☐ Suicida 6 ☐ Could not be determined 28e. Placa of Injury - At home building, etc. (Specify)				home, far	ne, farm, street, factory, office 28f. Locatto					28f. Location City or To	on (Street and Number or Rural Route Number, Town, State)				
	To the Hospital or Attending is within 24 hours after death. To the Funeral Director: After completely filled in by the funer	edicai C	29a. Certifier (Check only one) (Check only one) (Check only one)	ng Physi Examine	er: On the ba	best of my k asis of exemi ner stated.	nowledge, netion and	death Vor Inv	occurred estigetion,	et the t In my	time, date ar optnion, dec	nd placa, eth occurr	and due to the red et the time,	cause , dete	e(s) and ma end piece,	anner as a end due to	tated.	use(s)
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State of Maryland / Department of Health and Mental Hygiene Amended #5, 8/6/96, MRT, Montg. Cty. Certificate of Death 2. Date of Death 1. Decedent's Nama (First, Middle, Last) 3. Time of Death 1996 JULY 27, **Physician** PHYLLIS PINZOW 6:26 AM /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner MONTGOMERY GENERAL HOSPITAL MONTGOMERY 5. Social Security Number If Under 1 Yaar | if Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) NOV. 23, 1923 9. Birthplace (State or Foraign 7. Age (In yrs. last birthday) **Funeral** Days Hours 1□ M 2₩ F NEW YORK Yrs. 066-18-4772 72 **Director** Usual Residence of Decedent 10a Stata 10h County 10c. City, Town or Location 10d. Inside City Limits 28a-f show Items 23a or 28a-f shortiner must be notified at 1 ☐ Yes 2 ☑ No Director MARYLAND MONTGOMERY SILVER SPRING 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code 14515 FISKE DRIVE 20906 UNITED STATES Funeral 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yas 2 1 No If Yes, Giva Year or Dates: 14. Race - American Indian, Black, White, etc. 11. Maritai Status Was Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) filed within 72 hours after of Hygiene. other than "natural", or item 1 ☐ Never Married 2 🕅 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: Specify: WHITE p 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education 16b. Kind of Business/Industry (Specify only highast grade completed) College (1-4or 5+) Elemantary/Secondary (0-12) ADMIN. ASST. CIVIL SERVANT permit. Peges 1 and 2 should be filed v Department of Heelth and Mental Hygie Important: If tem 27 la marked other t 17. Father's Nama (First, Middla, Last) 18. Mother's Nama (First, Middla, Malden Surname) JACOB ZELEZNIK FRANCES COHN 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 14515 FISKE DRIVE - SILVER SPRING, MARYLAND 20906 LEONARD PINZOW (HUSBAND) 20b. Place of Disposition (Nama of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 XBurial 2 ☐ Cramation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) ARLINGTON NATL. CEMETERY 7/31/96 ARLINGTON, VIRGINIA 21. Signature of Funeral Service Licenses 22. Name and Address of Facility DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. 1170 ROCKVILLE PIKE - ROCKVILLE, MARYLAND 20852 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** RENAL FALLUR Immediate Cause (Final disease or condition rasulting in death) **Examiner** Examiner erebravascular accident Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Box 68760. neumonia Physician/Medical the Due to (or as a consequence of): P.O. 1 Part II. Other eignificant conditions contributing to death but not resulting in the undarlying ceuse givan in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Diabetes Records, þ 8 24b. Wara autopsy findings available prior to completion of ceuse of death? gestruinkstrum bleeding Completed 24a. Was an autopsy 1 Yas 2 No 1 Tyes 2 Wo certificate Division of Vital To the Hospital or Attending Physician: within 24 hours after deeth.

To the Funeral Director: After this certifical completely filled in by the funeral director, 25. Was case referred to medicei 8 26. Place of Death (Check only one) Hospitai: 1 Minpatlant 2 ER/Outpatlent 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yas 2 No 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Tima of 28d. Describe how injury occurred Medical Certification: 5 ☐ Pending invastigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be datarmined 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28e. Place of Injury - At home, farm, street, factory, office building, atc. (Specify) 4 ☐ Homicida 1 Certifying Phyelcian: To the best of my knowledga, daath occurred at tha tima, data and place, and dua to the cause(s) and manner as stated.

2 Medical Examinar: On the best of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and dua to the cause(s) and manner stated. 29a, Cartifier 29d. Date signed (Month, Day, Year) 29b. Signature and title of ogriffie 29c. License number

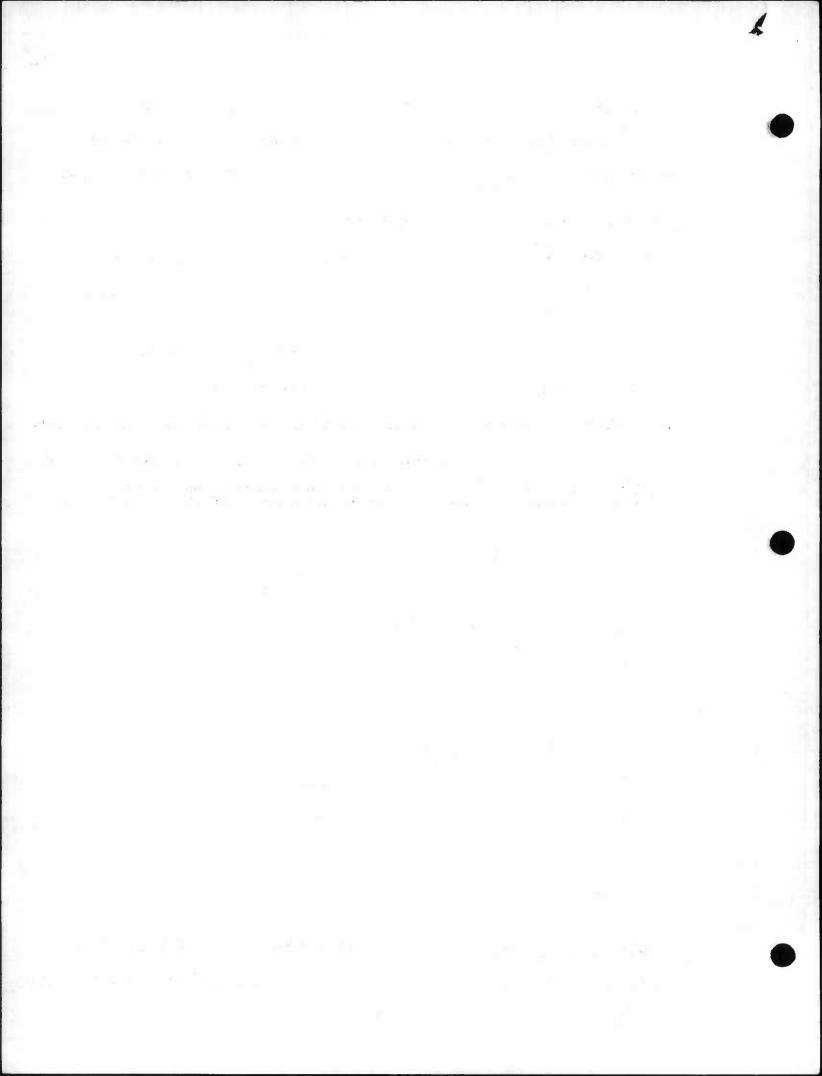
State Registrar

31. Date filed (Month, Day, Year)

JUL 3 0 1996

18111 PRINCe Philip DRIVE HRTHUR SCHUENGOLD, MD 32 Registrar's Signature ia Davidson-Aandelle

30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)



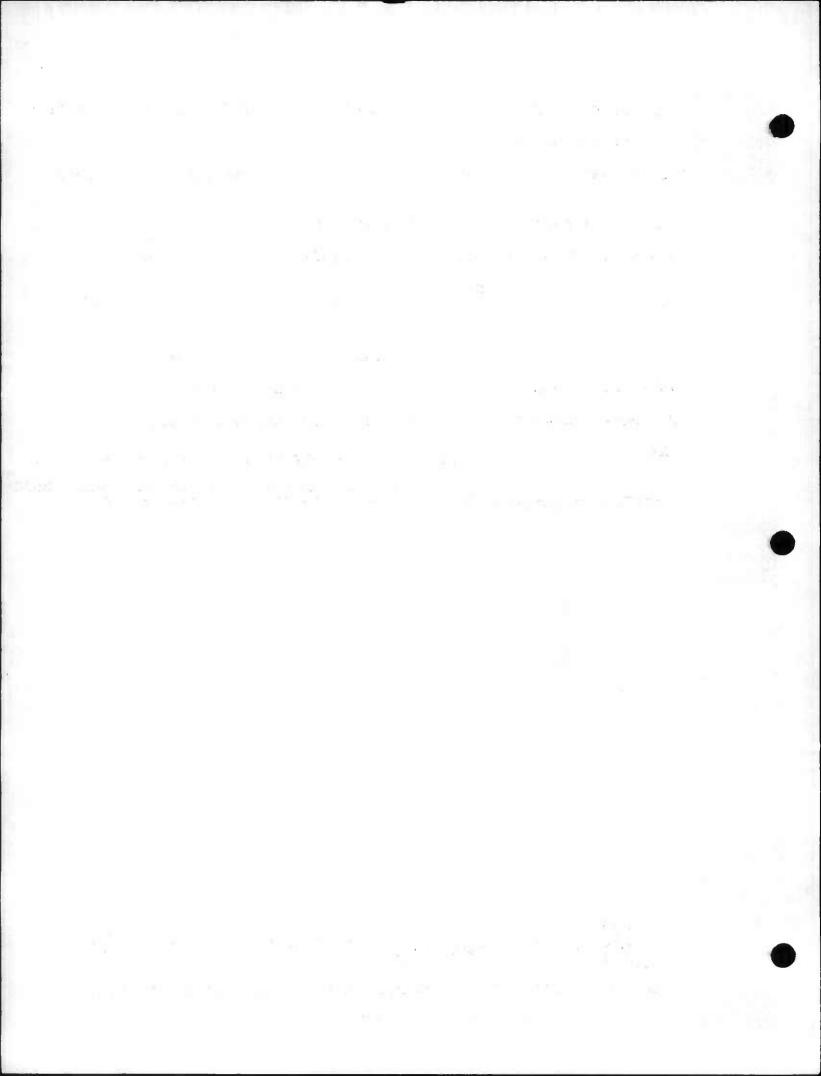
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		1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	TMENT OF HEALTH ANI	D MENTAL HYGIEN					
		1. DECEOENT'S NAME (First, Middle, Last)			ONIE OF BEATT	2. DATE OF DEATN	,. 	3. TIME OF DEATN			
		Louis Hunter	Perkins			MONTH	1996	6:50 A M			
		4. SOCIAL SECURITY NUMBER		n yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HR	S. 7. DATE OF BIRTH	8.	BIRTNPLACE (State or Foreign			
2000		217-26-7079 90. FACILITY NAME (If not institution, give stre	MXM 2 D F 87	YRS.	MONTHS DAYS HOURS MIN	Mar.3,1	909	Maryland			
9	CTOR	Meridian-Corsic			Centrevill			Queen Anne's			
	1 171 1	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		40. 017	V 200001 00 1 00 100						
	FUNERAL DIRE	Maryland Quee	n Anne's		entreville		10d. INSIDE CITY LIMITS? 12 YES 2 NO				
		100. STREET AND NUMBER 218 Broadway St	reet		101. ZIP CODE 21617		1	U.S.A.			
	S		12. WAS DECEOENT EVER IN	U.S. ARMED	13. WAS DECENDENT OF HIS			. RACE — American Indian,			
	BY F	1 Never Married 2 Married XX Widowed 4 Divorced	FORCES? 1, YES IF YES, GIVE WAR OR DA WW TT	2 NO TES	If yes, specify Cuban, Ma:	xican, Puerto Rican, atc.) ecily:		Black, White, etc. Specify: White			
		15. DECEDENT'S EDUCA	TION	18a. DECEDENT'S	USUAL OCCUPATION	16b. KIND OF BU	SINESS/INDUS	STRY			
	ᇤ	(Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT us	vork done during most of working e retired.) Ment Securit	Md. D Emplo	Md. Dept. of Employment Sec				
at once.	COMPL	17. FATNER'S NAME (First, Middle, Last)				NAME (First, Middle, Maider					
	띪	Louis Burriss P	erkins			a Walls					
notified	2	19a. INFORMANT'S NAME (Type/Print) John Perkins, Se	on	3 0 1	AODRESS (Street and Number or Ru Wright's Nec	ral Route Number, City or Too k Lane. C	on, State, Zip Co	ville, Md.			
must be		20e. METNOD OF DISPOSITION XX Burtal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) 711 V 77 1966									
examiner mus		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Fellows, Helfenbein & Newnam Funeral Home, P. A.									
tal cremation, or removal event, the medical e	RTIFICATION	23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory erreat, shock, or heart feliure. List only one cause on asch lins. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
Hygiene prior to burial, crema or other traumatic event,	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DEME A OUE TO (OR AS A MALA	STIA CONSEQUENCE OF	15 130N	DEHYDRA	ST2V				
Mental Hygiene prior to burial, cre- njury, or other traumatic even	8	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF); [];						
of Health and Mental Hygiene prior to burial, cre- shows any injury, or other traumatic even	MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II, Other significent conditions	OUE TO (OR AS A DUE TO (OR AS A contributing to death bu	CONSEQUENCE OF	n the underlying cause givan	in Part i. 24a. WAS AN PERFO	AUTOPSY 1MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
Dept. of Health and Mental Hygiene prior to burial, cre. 23 shows any injury, or other traumatic even	AN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II, Other significent conditions DID TOBACCO USE CONTRI	OUE TO (OR AS A DUE TO (OR AS A Contributing to death but BUTE TO CAUSE OF	CONSEQUENCE OF	n the underlying cause givan	in Part i. 24a. WAS AN PERFO	AUTOPSY 1MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
State Dept. of Health and Mental Hygiene prior to burial, cre- Item 23 shows any injury, or other traumatic even	AN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OUE TO (OR AS A DUE TO (OR AS A DUE TO COR AS A CONTRIBUTION TO CORD TO COR	CONSEQUENCE OF	n the underlying cause givan S NO UNCERTA N (Check only one) OTHER:	in Part i. 24a. WAS AN PERFO	AUTOPSY 1MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
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flied within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bur PORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic	BE COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II, Other significent conditions DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CONTINUE.	OUE TO (OR AS A DUE TO (OR AS A Contributing to death but BUTE TO CAUSE OF 2 10SPITAL: Inpetient 2 ER/Outpe 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY & building, etc. (Special Contribution) NN: To the best of my knowle on the basis of exemplication	CONSEQUENCE OF CONSEQ	The underlying cause given S NO UNCERT N (Check only one) OTHER: N Variety North	In Part i. 24a. WAS AN PERFO 1 YES: AIN 2 28d. Describe How 28d. Location (Street City or Rown, State, and the time, date and place, at NUMBER	NJURY OCCUR and Number or individual to the co	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Rural Route Number, GNED (Month, Div. Year)			

State of Maryland / Department of Health and Mental Hygiene Q 5

						Cen	tificate of	Death			Reg. No.	20	240.) 4
			1. Decedent's Neme (First, Middle,	, Last)						2. Dete of De	ath		3. Time	of Deeth
	Physici		FRANCES	C. S		Р	LATE			July	28	1996		q 0
	/Medi Examir		4e. Fecility Neme (If not institution,		•			4b. City, To		ocation of Deetl		County of De		у р
1	LAGIIII	161	Memorial H	Mospital a	t East	on		East	on			lbot		
	Funeral				(In yrs. lest bi		If Under 1 Yeer	If Under	24 Hrs.	8. Date of Bir (Month, De			inthpiece (Stete	or Foreign
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	dand		10a. Stete 10b. County		10c. City, Tow	n or Loc	ation						10d. Inside	City Limits
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	158 P	Director	10e. Street and Number	501		r • r.	10f. Zip Code	اق			10g. Citi	zen of What (Country?	
	Se of		25310 ST. MI	CHAELS ROA	ת		216	63				USA		
	Jeath 78 2	Funeral	11. Marital Status	12. Wes Decedent B		13. W	/as Decedent of h Yes, specify Cub		gin? (Sp	ecify Yes or No	-		nerican Indien,	
020	72 hours after death with the Maryland "natural", or flams 23s or 28s-f show sdigst Examiner must be notified at	by Fur	1 ☐ Never Married 2 ☐ Marrie 3 ☑ Widowed 4 ☐ Divorced	Armed Forces? 1 Yes 2X N if Yes, Give Year or Dates:	lo		Yes, specify Cub □ Yes ڳ Q ∱ lo			Rican, etc.)	-	Bleck, Wi Specify: \[\bar{\chi}	vite, etc.	
15-00	n 72 hou	Completed	15. Decedent's (Specify only highest	s Education	18a	Decede	ent's Usuei Occup ind of work done O NOT use retire	petion during mos	t of work	ing	16b. Ki	nd of Busines	ss/Industry	
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an	od lai	Be	JAMES A. SPE									ourname)		
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	r tra		W. THOMAS FO		I	2.0.	Address (Street BOX 8						, 2ip Cooe)	
ore			20e. Method of Disposition Double 2 □ Cremation	3 Removal from State	20b. Place of cemete	f Dispos	ition (Neme of etory or other ple	ice)		Dete	20c. Lo	cation - City	or Town, State	
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Salt	permit. Page Department of Important: If any injury or once.		21. Signeture of Funerel Service Li	icensee		22. F.F.T	Name end Addre	ess of Fecilit	y ENRI	STN &	NEWN	JAM FI	INERAT.	HOME
щ	80 E 3 8		STONE R	MFRLEROF	(FS)		00 S. H							HOPIL
			23a. Part 1. Enter the disease, or o shock, or heart feilure. List o	complications that caused									Approxima Interval 8	ate shween
N	Physician												Onset end	Deeth
盟	/Medical		Immediate Cause (Fine) disease or condition	()	107/9/	cul	er ac	0,0	tu	-			13da	24
В	Examiner		resulting in death)	-	Due to (or es a				000					1
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	requires that the death certificate be executed seen signed by the attending physician and thould be detached for use as the burial-transit	Examiner	Sequentially list conditions,	<u> </u>	Due to (or as e	consequ	ence of):							
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	the de	Physician/	Pert fi. Other eignificant condition	s contributing to death bu	t not resulting i	n the und	derlying cause gi	ven in Part I		23b. Did	tobacco	uee contribu	ite to the cause	of death?
	that the de od by the detached									1 □ Yee 2 ☑ No 3			Probably 4 Unknown	
ds,	signed be de	d by						1				24	Ware outons	findings
0	requir been s should	Completed								24a. Wes	med?	ay 240	 Were eutopsy aveileble prior completion of 	to
Sec.	\$ 0 N	npi du											of death?	
<u>—</u>	T age	S								10	Yes 2	2No	1 ☐ Yes 2[□ No
/its	ysician: The	Be	25. Was case referred to medical examiner?						of Deat	h (Check only o	one)			
5	hys his	2	1 ☐ Yes 2 No	Hospital:			3D DOW			me 5 Resi			pecify)	
Ē	tanding Ph leath. tor: After th the funeral	on:	27. Manner of Death 1 Neturei 5 ☐ Pending		Year) 28b.	Time of Injury	28c. Inju			28d. Describe	how injur	y occurred		
Sio	Attanding or death. actor: After by the fune	cati	2 Accident Investiga 3 Suicide 6 Could no	ot he				Yes 2	No					
Σ	を共	Certification:	4 ☐ Homicide determin		ry - At home, fa . <i>(Specify)</i>	arm, stre	et, factory, offica			City or To			Rurai Route Nu	mber,
	Hospital 24 hours of Funeral (29a. Certifier Certifying	Physician: To the best o	f mu knoudodou	- donth	accurred at the til	ma data an	d alass	and due to the	201100/01	and manner	an atatad	
Division of Vital Records, P.O. Box 68760, Baltimore, Maryland 21215-0020	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edical	(Check only 2 Medical E	xaminar: On the besis of end manner sta	examination an	d/or inve	estigation, in my	opinion, dee	th occur	ed et the time,	dete end	piece, end d	ue to the ceuse	(s)
	Mithin Fo the	Me	29b. Signature and fitte of certifier				29c. Licens	se number			29d. Det	e signed (Mo	nth, Dey, Year)	
	FSFÖ		Pauem	eD. Boller	M M	1)	Da	740	9		7.	- 29.	96	
			30. Neme and address of person w	the completed serves of di	oth (Itom 92c)	OT TO	(rint)				*		, 0	
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1	Sta	te	LAWRENCE D. B 31. Date filed (Month, Dey, Year)	OHAN, M.D. 32. Registra	r's Signature	ַטע.	rchman'	S LA	NE,	EASTC	N,]	MD 21	601	
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faryland / Department of Health and	Mental Hygiene	96	24055
Certificate of Death	Reg. No.		
IAN JR	2. Date of Deeth Month Day	Year	3. Time of Death

Physician /Medical Examiner

Director

Funeral

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Completed

Be

2

1- Yes 2 □ No

Funeral

Director or 28a-f show

death with the Maryland event, the Medical Examiner must be notified at 230 Herris Pages 1 and 2 should be filed within 72 hours after next of Health and Mental Hygiene. 0 "naturel" al Hygiene. and Mental

Baltimore, Maryland 21215-0020

permit. Pages 1 and 2 Department of Health a Important: If Ihem 27 is any injury or other tras Physiclan /Medical Examiner

The law requires that the death certificate be executed Division of Vital Records, P.O. Box 68760, physician the ō signed by the a certificata Hospital or Attending Physician: '24 hours after death.'
Funeral Director: After this certifice To the Hospital or Attendir within 24 hours after death.
To the Funeral Director: At complataly filled in by the fu

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Completed

Be

Certification: To

Medical

1. Decedent's Name (First, Middle, Last) WILLIE W. PERRYMAN JULY 19, 1996 0713 AM 4e. Fecility Name (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death PRINCE GEORGES HOSPITAL CENTER CHEVERLY PRINCE GEORGES If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) 12 M 2 □ F Months Deys Hours Min. 42 Yrs. 578-72-7695 Virginia Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Prince George's Landover 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2302 Columbia Place 20785 USA 12. Was Decedent Ever in U,S. Armed Forces? 1 XYes 2 ☐ No If Yes, Give 11. Marital Status Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 1 ☐ Never Married 2 Married 1 ☐ Yes 2 No Specify: Black Specify: 3 ☐ Widowed 4 ☐ Divorced Year or Dates 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12th Entrepreneur Private 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surneme) Willie W. Perryman Sr. Madlyn Cottrell 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Willie W. Perryman Sr./Father 2302 Columbia Place, Landover, MD 20785 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State Maryland Veteran's 7/25/96 4 ☐ Donation 5 ☐ Other (Specify) Cheltenham, MD 21. Signature of Funeral Selvice Licensee 22. Name and Address of Facility J. B. Jenkins Funeral Home 23a Part Enter the dispuse of complications that caused he beath. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximately and the complex of t Approximate Interval Between Onset and Deeth Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of)

Physician/Medical

Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.

1 Yes

23b. Did tobacco usa contribute to the cause of death? No 3 Probably 4 Unknown

24a. Wes en eutopsy performed?

24b. Were eutopsy findings evellable prior to completion of ceuse of death?

2□ No

25. Was cese referred to medice examiner? XXYes 2□ No

5 Pending Investigation

6 Could not be determined

1 ☐ Inpatient X2 ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year)

19-96

28b. Time of O(27

STREET

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28c. Injury at Work? 1 ☐ Yes

26. Place of Death (Check only one)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

ledostrion Struckby auto Location (Street and Number or Rural Rel City or Town, State)

704 and Calvery

29a, Certifier

27. Manner of Death

1 Natural

3 ☐ Suicide

Accident

4 Homicide

Medical Examinar: On the basis of examination and/or Investigation, In my opinion, deeth occurred at the time, dete end place, and due to the ceuse(s) 29b. Signature and title of certifier

29c. License number O.C.M.E

1 Cartifying Physician: To the best of my knowledge, death occurred at the time, dete and piece, and due to the cause(s) and manner as stated.

29d. Dete signed (Month, Day, Year) JULY 21, 1996

of death (Item 23e) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

State Registrar

25 199

31. Dete filed (Month, Dey, Yeer)



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State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedent'a Name (First, Middle, Last) 2. Date of Death 3 Time III Courth Month Day Yeer **Physician** 9:15 AM July 9, 1996 MARIE PERRY /Medicai 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Prince George's Hospital Center
5. Social Security Number 6. Sex 7. Ago (In yrs. lest birtho Chever ly Prince Georges 8. Date of Birth (Month, Dey, Year) 7. Age (In yrs. lest birthday) 9. Birthpiace State or Foreign **Funeral** 1 ☐ M 2 🕱 F Months Deys Hours Min 79 Yrs. Director 578-26-6246 NORTH CAROLINA MAY 18 1917 Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City. Town or Location 10d. Inside City Limits show r is marked other than "natural", or items 23a or 28a-f shor traumatic event, the Medical Experience must be notified at 1√ Yes 2□ No MD Director PRINCE GEORGE CAPITOL HEIGHTS 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code 417 CARMODY HILL DRIVE 20743 U.S.A. Funeral death 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ₺ No If Yes, Give Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bieck, White, etc. 72 hours aftar 1 Never Married 2 Married 1 ☐ Yes 2 X No Specify: à Specify 3 ☐ Widowed 4 ☐ Divorced BLACK Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within.
Department of Haalth and Mental Hygiens important: if them 27 is merited other than any injury or other traumatic. Elementary/Secondery (0-12) Coilege (1-4or 5+) 8TH DOMESTIC WORKER UNAVATLABLE 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be SANDY PERRY CORA B. McEACHAM 19a, Informant's Neme/Relationship (Type, Pnint) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 1221 M STREET N.W. WASHINGTON, D.C. 20005 JAMES S. PERRY 20a. Method of Disposition 20b. Piaca of Disposition (Neme of cametery, cremetory or other pleca) 20c. Location - City or Town, State Buriai 2 ☐ Cremation 3 ☐ Removel from State 4 □ Donation 5 □ Other (Special) GLENWOOD CEMETERY JUL 15 96 WASHINGTON, D.C. 21. Signeture of Funeral Service Ucensee 22. Name end Address of Facility W.H. BACON FUNERAL HOME INC. n 23a. Part1. Enter the disease, or commissions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset end Death **Physician** /Medical Immediate Cause (Final . VENTRICULAR FIBRILLATION disease or condition resulting in death) Examiner Due to (or es e consequenca of): Examiner · Hypertensive Atheroscleritic Cardiovascular Disease physician and the burief-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequenca of) Diabetes Mellitus Physician/Medical Due to (or es e consequenca of): for use as Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? á 1 Yes 2 No 3 Probably 4 Unknown Status Post Cerebrovascular Accident signed to þ 24b. Were autopsy findings evailable prior to Completed 24a. Wes an autopsy performed? peed completion of cause of death? paga 2 has cartificata 1 ☐ Yes 2 K No 1 Yes 2 No Physician: 25. Wes case referred to medical examiner? Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 9 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Menner of Death 1 ☑ Netural 28a. Date of Injury (Month, Dey Year) 28b. Time of Injury 28c. Injury at Work? 28d. Describe how Injury occurred Certification: After Hospital or Ah.
14 hours after deat.
15 hours after deat.
16 hours after deat.
16 hours after deat.
16 hours after deat.
17 hours after deat.
18 hours after deat.
18 hours after deat. Attending 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Pieca of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homicide To the Hospital o within 24 hours aft To the Funeral Di complataly filled in 1th Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the cause(s) end menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) 29e. Certifier Medical 29b. Signature and 29c. License number 29d. Dete signed (Month, Dey, Year) D21507 JULY 10 1996 of deeth (Item 23a) (Type, Print) and address of person OSBERT M. APPLEWHAITE, MD 6196 OXONHILL ROAD, OXON HILL, MD 20745

22. Registrar's Signature

State Registrar 31. Dete filed (Month, Dey, Year)

25 1996

DHMH 16 Rev 6/95

Baltimore, Maryland 21215-0020

Records, P.O. Box 68760,

Division of Vital

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		Decedent's Nama (First, Mile	ddla, Last)			Certificate	OI Deall	2. Data of D	-		3. Tima of Death
hysiciar /Medica	al -	AUBREY				P	RICE	JULY		1998	2230 PM
Examine uneral rector		4a. Facility Nama (If not institu 11401 JULY 5. Social Sacurity Number 579-96-1390		PARKII	NG LO (In yrs. last i	birthday) If Undar 1	the state of the s	R SPRIN	IG MONT		RY blaca (Stata or Foraig gton, D.C.
nd at		Usual Rasidanca of Dacadant 10a. Stata 10b. Cour Maryland Monto	gomery		10c. City, To	wn or Location	Silver Spring			1	0d. Insida City Limit
ust be not red at	Funeral Director	10e. Street and Numbar	ive Apt.	#201		10f. Zip C	oda 20904		10g. Citizan o		ntry?
1	2	11. Marital Status 1 ☑ Navar Marriad 2 ☐ M 3 ☐ Widowed 4 ☐ Divord	larried 1	'as Decedant Ev mad Forces? □ Yas 2 100 No Yas, Giva aar or Datas:		13. Was Deceda	nt of Hispanic Origin? (Cuban, Maxican, Pua XNo <i>Specify:</i>	Spacify Yas or N rto Rican, atc.)		ace - Amaric ack, Whita, ify: Black	atc.
populamo	Сощріетед	15. Deced (Spacify only hig Elamentary/Secondary (0-12 11th grade	. 1	platad) ollege (1-4or 5+)		a. Dacedant's Usual (Giva kind of work life. DO NOT usa	Occupation dona during most of wi ratirad) Unemplo	orking yed	16b. Kind of	Businass/Ind	dustry
a	o ge	17. Fathar's Name (First, Midd	ey Price				18. Mothar's Na	me (First, Middle Toni Ma		ame)	
		19a. Informant's Name/Relatic Shannon Minnick (onship (Type, P. Sister)	rint)	1	9b. Mailing Addrass (1 1401 July Dr	Fireet and Number of E ive Apt. #201	Silver	Spring, M	n, State, Zip lary land	20904
DDCs.		20a. Method of Disposition 1 ∰Burial 2 ☐ Cramatio 4 ☐ Donation 5 ☐ Othar		al from Stata	cema	of Disposition (Name lary, cramatory or oth- nal Harmony	of erplaca) Memorial Park	Data 7/18/96	20c. Location Landover		
ouce.		21. Signatura of Funeral Service	celticensee	11		Rollin	Addrass of Facility S Funeral Hon				Y I
	+	23a. Parti /Entar tha disaasa, shook, or haart failura. L	or complication	ns that caused the	na daath. D	4339 H	unt Place, N. of dylng, such as cardia	E. Washi	ngton, D. arrast,	C. 200)]9 Approximata Intarval Batween
the buriel-transit	Examilei	Immediata Causa (Final disaasa or condition rasulting in death) Sequentially list conditions, if any, leading to immediata causa. Entar Underlying Cause (Diseasa or Injury that initiated events	a	D	ue to (or as	GUNSHOT a consequence of): a consequence of):	WOUND				
n/Medical	3	Cause (Diseasa of Injury that initiated events resulting In daath) Last	c	Du	ua to (or as a	consequanca of):					1
Physician/Me		Part II. Other significant condi	itlons contributi	ng to death but	not rasulting	In the underlying cau	sa givan In Part I.		Yes 1 No		the cause of death
Completed by	bicked								s an autopsy formad?	ava	era autopsy findings ailabla prior to mplation of causa daath?
			. 1					1 🖾	Yas 2□ No	10	Yas 2□ No
To Be		25. Was case referred to medic examinar? 1 Yas 2 No	Hospita	al: 1 Inpatient	2 🗆 ER/0	Outpatiant 3 DOA	Other	ath <i>(Check only</i> Home 5□ Ras		thar (Specifi	AT SCEN
in by the runera		3KOSulcida 6 □ Coul	ding stigation 7	a. Date of Injury (Month, Day Y //0/ 9 G a. Placa of Injury building, etc. (- At home, (Specify)	Tima of Injury 280 M Aarm, streat, factory, co	Injury at Work? 1 ☐ Yas 2 (No ffice	28d. Describe Subsection 28f. Location City or To	now Injury occurrent 5	hot and an an an an an an an an an an an an an	
	1	29a. Cartifiar 1☐ Certify (Check only one)	al Examiner: O	To the best of r n the basis of ea nd mannar state	ny knowledo kamination a	a, daath occurred at	ha tima, data and plac my opinion, death occ	a, and due to the	causa(s) and n	nannar as st	atad. tha cause(s)
		A 175 A 175 A 175 A 175 A 175 A 175 A 175 A 175 A 175 A 175 A 175 A 175 A 175 A 175 A 175 A 175 A 175 A 175 A	lier /	//		29c. L	icansa number		29d. Data sign	ed (Month,	Day, Year)
Medical Ce		29b. Signatura and title of cortil	972	6/			O.C.M.E.		JULY	11,19	996

no regularity of a formal

State of Maryland / Depa

3. Time of Death

10d. Inside City Limits

Approximate Intervel Between Onset end Deeth

3 Probably 4 Unknown

Yes 2 No

GEORGES

14:46 P

artment of Health and Mental H	ygiene	96	24	0	5
tificate of Death					

UNK. 96-160 Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Data of Deeth **Physician** Month WESLEY ALAN PRITCHETT JULY 23,1996 /Medical 4e. Fecility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** PRINCE GEORGES HOSPITAL Cheverly PRINCE 5. Social Security Number If Undar 1 Yaar | if Under 24 Hrs. Birthplace (Steta or Foreign Country) 7. Age (In yrs. last birthday) **Funeral** Deys 1☑M 2□ F Months Hours 19 578-02-0429 Vrs Director Virginia Usuel Rasidanca of Decedent death with the Maryland 10e. Stete 10b. County 10c. City, Town or Location 28a-f show the Medical Examiner must be notified at Prince George's Oxon Hill Maryland Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? ö 4922 Maury Place 20745 23a USA Funeral items 2 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ②No If Yes, Give Yeer or Dates: Was Decedent of Hispenic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Black, White, etc. 11. Marital Status permit. Pages 1 and 2 should be filed within 72 hours effer a Department of Health and Mental Hygiene. Important: if item 27 is merked other than "natural", or iten any Injury or other traumeth average. 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Black þ 3 ☐ Widowed 4 ☐ Divorced Specify: Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elamantery/Secondery (0-12) Collage (1-4or 5+) 12th Student Government 17. Fathar's Name (First, Middle, Last) 18. Mothar's Name (First, Middla, Maiden Sumeme) Be Wayne Tracy Pritchett 2 Edna Adams 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Carol Pritchett/Stepmother 4922 Maury Place, Oxon Hill, Maryland 20745 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, crametory or other plece) 20c. Location - City or Town, Stata 12 Burial 2 ☐ Cremetion 3 ☐ Removel from Stete Harmony Memorial Park 7/27/96 4 ☐ Donetion 5 ☐ Othar (Specify) Landover, MD 21. Signetura of Funeral Sarvica Licensee 22. Nama and Address of Fecility Per J. B. Jenkins Funeral Home A ~ C 7474 Landover Road, Landover, MD 20785 23a. Pert1. Enter the disa sa, or complications that caused the deeth. Do not enter the moda of dylng, such as cardiac or respiretory errast, shock, or heert feilura. List only one cause on each lina. **Physician** Immediete Ceusa (Finel disaasa or condition rasulting in deeth) /Medical Multiple Gunshot **Examiner** Dua to (or es e consequance ot): The law requires that the death certificate be executed the burial-transit Dua to (or es e consequence of): Division of Vital Records, P.O. Box 68760,

Examiner Physician/Medical þ Completed Be 2 Medicai Certification:

signed by the all d be deteched for

certificate

After this

Director: in by the

within 24 hours aft To the Funeral Di completely filled in

or Attending Physician:

the Hospital

death.

efter

Sequantially list conditions, if eny, leading to immediate causa. Entar Underlying Cause (Disaese or Injury thet initiated avents resulting in death) Lest

Due to (or as a consequenca of):

24b. Wera autopsy findings aveilable prior to 24e. Wes an autopsy completion of cause of daeth? 1 Yes 2 □ No 1 Yes 2□ No 25. Was case referred to medical 26. Pieca of Daath (Check only one) Hospitel: 1 ☐ Inpatient 2 💢 ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Rasidenca 6 Other (Specify) 1 Yes 2 No 27. Menner of Deeth 28d. Describe how Injury occurred 28e. Deta of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 1 Neturel 5 Panding investigation Injury 1 ☐ Yes 2 No 7-23-96 Subject was shot 281. Location (Street and Number or Aural Route Number, City or Town, Stete) Beck and Tucker Road 2 Accident 1400 3 Sulcide 8 Could not be determined 28e. Plece of Injury - At home, ferm, streat, factory, office building, etc. (Specify) 4 K Homicida

29a, Cartifier

29b. Signature end title of certifier

29c. License number

30. Neme and eddress of person who completed cause of peeth (Itam 23a) (Type, Print) OCME

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

29d. Dete signed (Month, Dey, Year) JULY 24,1996

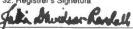
23b. Did tobacco use contribute to the cause of death?

1 Yes 2 No

HEODORE 111 Penn Street, Baltimore, Maryland 21201 31. Data filed (Month, Day, Year) 32. Registrer's Signetura

State Registrar

26



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n, 0 0 s_n

AND THE RESPONSE WELFALL SHOWS IN THE RESPONSE FRANCE FOR

ann den Estini

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the found there is not be retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68769

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	t, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH
- 27	WILLIAM	2 B.	PAYN	E						MONTH 7 2	3	96	205 AM
i	4. SOCIAL SECURITY NUMB	BER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	t YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		S. BIRTH	IPLACE (State or Foreign
39	228-26-7507		1 📉 M 2 🗌 F	70	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) Sept. 10,	1925	Countr V-1	w rginia
l l	9a. FACILITY NAME (If not in	nstitution, give str	set and number)			9b. CITY,	TOWN (OR LOCATI	ON OF DE			INTY OF D	
E	BOLDENC	AKS 1	JURSIN	G HON	25	L	AU	LEC	,		Po 1	COME I	GEOLGE'S
5	RESIDENCE OF DEC	CEDENT									11 16-11	ا کیا	9007083
DIRECTOR	10e. STATE	10b. COUNTY				Y, TOWH O							10d. INSIDE CITY LIMITS?
	N/A		/A		W	ashir							1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER		NT T7					ZIP COD			100		VHAT COUNTRY?
빌	2301 11th S	treet,						2000				S.A.	
	1 Never Married 2	Merried	FORCES? 1	T EVER IN U.S. AR	MED	- 11	yes, sp	ecify Cuba	n, Mexica	HC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No-	14. RACE Black	— American Indian, c, White, etc.
В	3 Widowed 4 Divo	orced	IF YES, GIVE V			1	☐ YE\$	2 X NO	Specify	r.		Speci	White
	15. DEC	EDENT'S EDUC	ATION	16a. DE	CEDENT'S	USUAL OC	CUPATIO	ON		16b. KIND OF BU	SINESS/IN	DUSTRY	WILLEC
COMPLETED	Elementary/Secondary (College (1-4 or 5	Ho	Do NOT us	work done d se retired.)	uring mo	st of working	ng				
4	9			Plu	mber					Private	Ind	ustry	y
Ö	17. FATHER'S NAME (First, M	Irddle, Last)						18. MOTI	HER'S NAI	ME (First, Middle, Maiden	Surname)		
BE	Vinton E.	Payne	:					Ma	ry 1	Margaret	Payn	e	
0	19a. INFORMANT'S NAME (Coute Number, City or Tox			II
-	Mary Eliza		nkins	4	711	Berwy	n H	ouse	Roa	d, #202, C	colle	ge Pa	ark, MD 20740
	20a. METHOD OF DISPOSIT 1 IX Burlai 2 ☐ Crematic	on 3 🗆 Ramo	val from State	20b. PLACE A	ND DATE	OF DISPOSI	TION (Na	ma of		DATE 20c. LC	CATION —	City or To	wn, State
	4 Donation 5 Other			Quant	icó l	Vatio	nal	Ceme	etery	y 7/26/1996	Tria	ngle	, Virginia
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral Home, P.A.												e. P.A.	
	(1).	usies											
													Approximate
	anock, or neart tellure. List only one ceuse on each line. IMMEDIATE CAUSE (Final												interval Between Onset and Death
	disease or condition	→ .	Pros	tate (a	nce	ru	nth	Mel	45/4	the Spread			1 year
			DUE TO	(OR AS A CONSEC	DUENCE O	F):							
8	Sequentially list condit	ions. b.			_								
CERTIFICATION	if any, leading to imme cause. Enter UNDERLY	diate	DUE TO	(OR AS A CONSEC	IUENCE O	F):							
윤	CAUSE (Disease or inju		DUE TO	(OR AS A CONSEC	UENCE O	F) .							
E	resulting in death) LAS	т 📗				,							
R		d.											_
AL	PART II. Other significe	ont conditions	contributing to	deeth but not n	esuiting	in the und	derlying	ceuse g	iven in	Part i. 24s. WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL	11966	cies		Cerebro	1460	ular	40	aden	<i>T</i>	1 YES :	1		COMPLETION OF CAUSE OF DEATH?
ME		rtens 10								_ /			1 _ YES 2: NO
ä	DID TOBACCO U		IBUTE TO CA	USE OF DEA	TH YE	S 🗆 N	10 [UNC	ERTAIN	1 X			
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?)_	HOSPITAL:	26. PLAC	E OF DEAT	OTHER							
KS	1 YES 2 NO		1 Inpatient 2	ER/Outpatient 3		4 Nurs		o 5 □ Re	sidence	6 Other (Specify)			
	S-1	Pending	28s. DATE OF (Month, D		28b. TIM INJ	E OF URY		RK?		28d. DESCRIBE HOW	NJURY OC	CURED	
2 Accident Investigation M 1 VES 2 NO 3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office 28s. LOCATION (Street and Number or Rural Route Number.													
<u>a</u>		Could not be determined	building,	etc. (Specify)	ne, tarm, t	street, racto	гу, опіс	•		City or Town, State	and Numbe	r or Rural A	loute Number,
COMPLETED	29a. CERTIFIER . No Zama	The Site		The soul to		200	_						
MP	298. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.												
8			. On the beard of a	camination and/or i	investigatio	n, in my op	inion, d	eath occur	ed at the	time, data and place, ar	d due to ti	he cause(a)	and menner as stated.
BE	296. SIGNATURE AND TITLE	OF CENTIFIER	la m					29 LICE	NSE NUM	BER	29d. DAT	E SIGNED	(Month, Day, Year)
2	20 NAME AND ADDRESS OF	DEDOCU MA	COMO FEET S					11	- 1-	<i>> U</i>		1/2	2/4
	0011.0	largol !	s My	14333		Print)	P	sule	Ro	ad #307	La	iveli	My 20708
	31. DATE FILED (Month. Day,	1996	32 AEGISTRA	R'S SIGNATURE	late								
			-										

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State of Maryland / Department of Health and Mental Hygiene 96 24

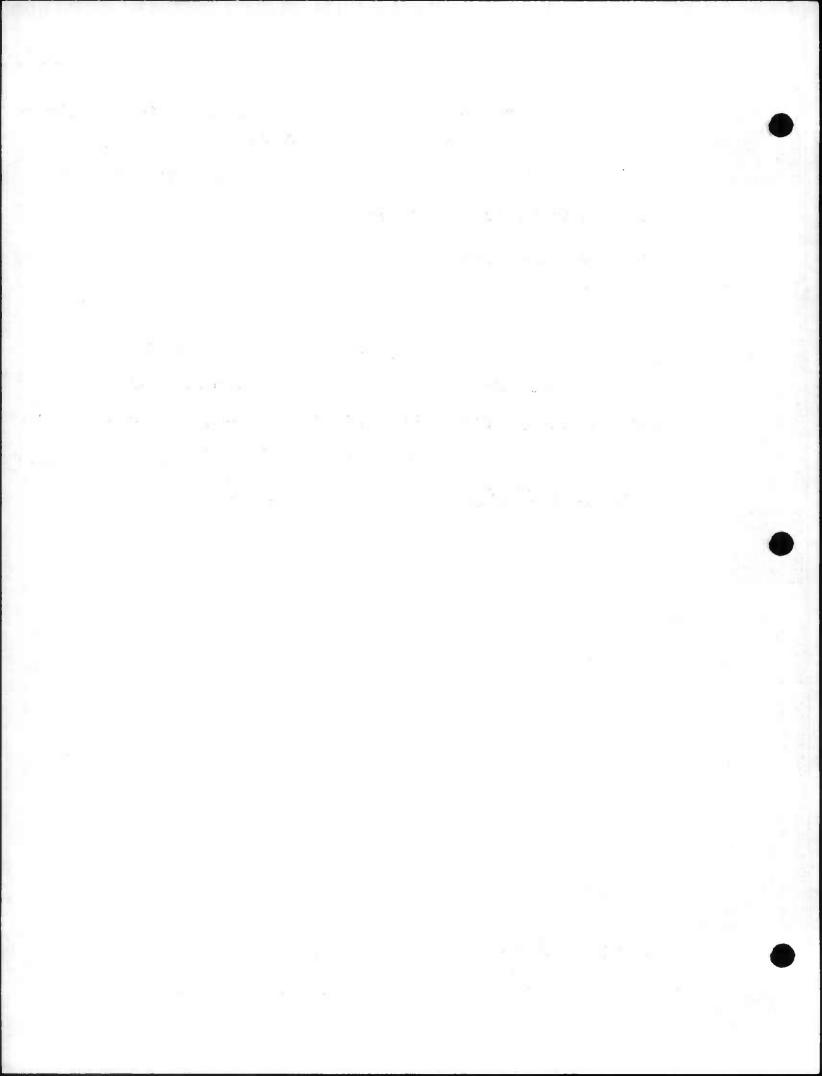
Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Joseph Samuel Quimby, Sr. 4b. City, Town, or Location of Death 14,1996 1:00 AM /Medical 4a. Facility Name (If not institution, give street end number) 4c. County of Death Examiner Centreville 121 Needwood Farm Lane Queen Anne's If Under 1 Year If Under 24 Hrs. Months Deys Hours Min. 5. Sociel Security Number 7. Age (In yrs. lest birthdey) 8. Date of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) **Funeral** Deys 1 ₹ 2 □ F 82 Director 215-36-2073 Yrs. May 19,1914 Maryland Usual Residence of Decedent death with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits ? Is marked other than "natural", or itsms 23s or 28s-f show treumedic avant, the Medical Examinar must be notified at Queen Anne's Centreville Md. Director 1 ☐ Yes 2 ☐ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? U.S.A. 21617 121 Needwood Farm Lane Funeral 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bieck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or han any Injury or other traument. 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates: 1 ☐ Never Married 2 🗓 Married Baltimore, Maryland 21215-0020 1 Yes 2√2 No Specify: þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Farming Farmer 11 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Mary Louise Pratt Charles Samuel Quimby 19a. informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 121 Needwood Farm Lane, Centreville, Md. Helen L. Quimby, Wife July Date 7, 1 309 focation - City or Town, State 20b. Place of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition 1 ☑ Ruriel 2 ☐ Cremation 3 ☐ Removal from State Chesterfield Cemetery Centreville, 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licanson 22. Name and Address of Fecility Fellows, Helfenbein & Newnam Funeral Home, P.A.

114 W. Water St. Centreville, Md.

23a. Part1. Enter the disease, or complications, that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximate Interval Between Onset and Death **Physician** /Medical immediate Cause (Fine) disease or condition resulting in death) Examiner Due to (or es e consequence ot): physician and s the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Olseese or injury that initiated events resulting in death) Last Due to (or es e consequenca of): P.O. Box 68760, Physician/Medical Due to (or as a consequence of): attending p Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by t should be detach 3 Probebly 4 Unknown 1 ☐ Yss 2 ☐ No Records, by 24e. Was an autopsy performed? 24b. Were autopsy findings available prior to Completed completion of cause of death? has page 2 certificate 1 ☐ Yes 2 ☐ No 1 ☐ Yas 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

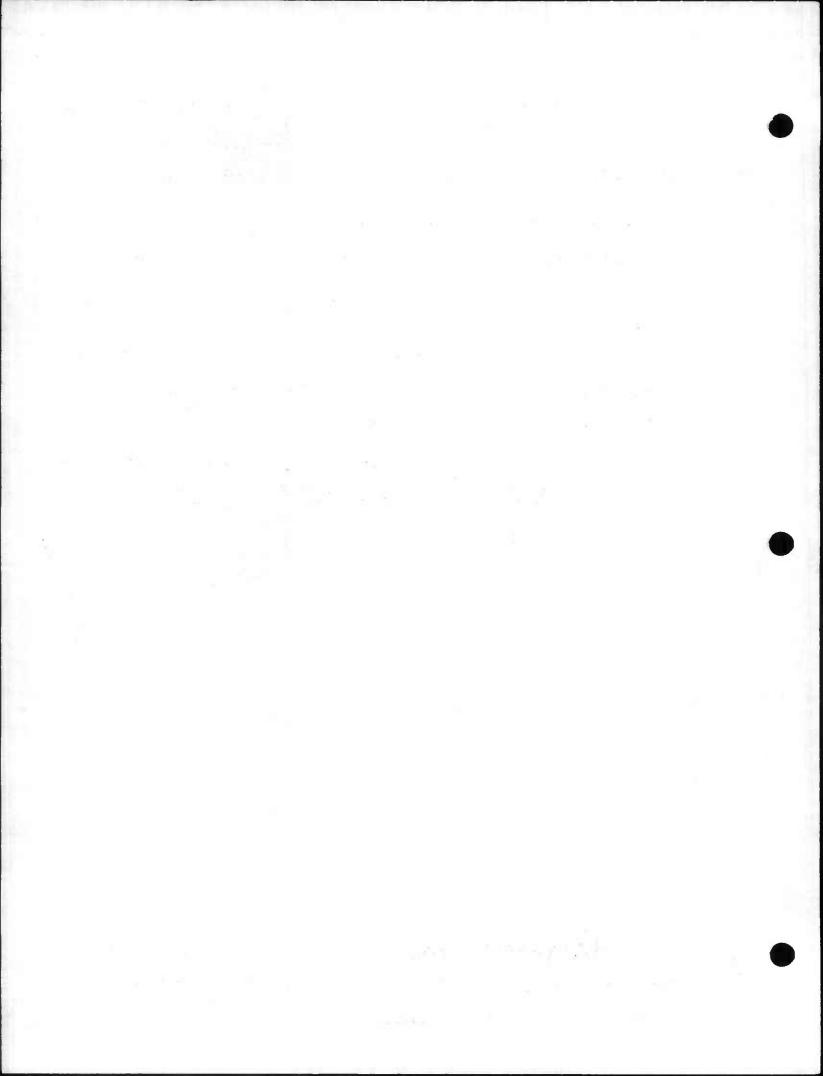
To the Funeral Director: After this certifica completely filled in by the funeral director, i Be 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No Other: 4 Nursing Home 5 Sesidence 8 Other (Specify) 2 28c. Injury at Work? 27. Manner of Death 28a. Date of Injury (Month, Day Year) Certification: 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 Netural 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner es steted.

| Certifying Physician: To the best of my knowledge, death occurred at the time, date and due to the cause(s) and manner: On the basis of examiner: On the basis of examinerion and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only one) 29b. Signeture and fittle of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 30, Name and address of person who completed cause of deeth (Item 23a) (Type, Print) Centreville Hoce hiberty 31. Date filed (Month, Day, Year) 6 1996 32. Registrar's Signature
Julia Davidson State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 2406 |

						C	ertifica	te of	Death			Reg. N	io.			
	-	73	1. Decedent's Name (First, Midd	le, Last)							2. Dete of De	ath			3. Tin	ne of Death
п	Physic			Alfred	William	Rei	ter				July 2	26, D	1 996	Year	10.	30 AM
	/Medi Examir		4a. Facility Name (If not institution						4b. City, To	own, or Lo	cation of Deet		c. County	of Death	10.	7111
1	Exami	lei	2605 Holman A		Company of										117	
٠			5. Social Security Number	6, Sex	7. Age (In yrs	s last hirthda	v) If Und	er 1 Yea		24 Hrs.	pring		Mont	*	-	ete or Foreign
	Funeral Director		130-07-7000 Usuel Residence of Decedent	1∭M 2□F		Yrs.	Months	Days		Min.	8. Date of Bir (Month, De July 20	y, Yea], 1	919	New	(ערו)ר	K
	pue *		10e. Stete 10b. County		10c. C	ity, Town or	Location							1	Od. Insid	le City Limits
	Meny ash	5	Manuland Monta	Omomy	Si	ilver	Sprin	a							10	Yes 21 No
	the the	Director	Maryland Montg	Offici y	0.1	LIVEL	-	ip Code				100.0	itizen of V	What Cour	ntar2	
	th with 23a or	al Dir	2605 Holman A	venue				0910					nited			
	9 15	Funeral	11. Maritel Status	12. Wes De	ecedent Ever in I Forces?	U,S. 13	. Wes Dec	edent of	Hispanic Or	igin? (Sp	ecify Yes or No Rican, etc.))-		a - Americ		n,
020	be filed within 72 hours effer deeth with the Meryland rial Hygiene. d other than "natural", or items 23s or 28s-f show event, or Mexical Examine must be notified at	۵	1 Never Married 2 Mer 3 Widowed 4 Divorced	ried 1X Yes	s 2□No Give	II	1 Yes				ricali, etc.)		Specify	ck, White, /: Wh	ite	
21215-0020	"natural", or	Completed	15. Deceder (Specify only highe	it's Education st grade complete	d)	(Gir	edent's Us	rork done	during mos	st of work	ing	16b.	Kind of Bu			
121	within ene. then	dmo	Elementery/Secondary (0-12)	College 4	(1-4or 5+)		. DO NOT		ed)				Δ	۸		
	1 and 2 should be filed with Health and Mental Hygiene. em 27 is marked other ther other traumatic event, 2 m 1		12 17. Father's Name (First, Middle,	-		lart	ograp	ner	18 Moth	ar's Name	e (First, Middle		. A.			
an	od b o b	Be												10)		
7	should ind Men marke	To	Isador Reiter			405. 14-	Min A Man	(01			Rubenst			0 7:	0.41	
Maryland	han han ls n reur		Judith E. Reit				ame a			er or Hun	al Route Numb	er, City	or Town,	State, Zu	(Code)	
	l and lealth m 27 ther tr			er	206				,		Date	00-	Lasatian	Oh T.		
0	20a. Method of Disposition 20b. Place of Disposition (Neme of cernetery, cremetory or other place) 10c								ece)	1			Location -			
ij	tmer tant:	15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) 12 4 Cartographer 17. Father's Name (First, Middle, Last) Isador Reiter Sophie Ru 19e. Informant's Name/Relationship (Type, Print) Judith E. Reiter Same as 10 20a. Method of Disposition 19e. Informant's Name/Relationship (Type, Print) Judith E. Reiter 20a. Method of Disposition 19e. Informant's Name/Relationship (Type, Print) Judith E. Reiter 20a. Method of Disposition 15e. Decedent's Usual Occupation (Give kind of work done during most of working life. Do NOT use retired) 18. Mother's Name (First, Middle, Last) 19e. Informant's Name/Relationship (Type, Print) Judith E. Reiter Same as 10 20b. Place of Disposition (Neme of cometery, cremetory or other place) Maryland Veterans' Cemetery 7-2 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Rapp Funeral Services								-29-96	Che	lten	nam,	Mary	land	
Baltimore,	permit. Page Department of Important: If any injury or once.		21. Signature of Funeral Service Licensee Rapp Funeral Services, P. A. 933 Gist Avenue, Silver Spring, MD 20											n 200	חום	
	- 4-		23a. Part1. Enter the disease, or shock, or heart fallure. List	complications tha	t caused the dea	atr. Do not e	inter the mo	ode of dy	ring, such es	cardiac	or respiretory a	rrest,	iy, ii	0 20.	Approx	imate
4	Physician		SHOCK, OF Healt landre, List	only one cause or	i eecii iine.									1		Between and Death
A	/Medical		Immediate Cause (Final	M		T-6-	+	_						1	2 mi	nutes
	Examiner		disease or condition resulting in deeth)	a. My	ocardial									- 1.	Z IIII	liuces
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ć	that the death certificate be executed ed by the attending physician and deteched for use es the burial-transit	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	Шол	pertensi		equence of	<i>j</i> .								
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68	fficat phy ss th	Medical	resulting in death) Last		Due to (or as a cons	equenica or	,.						-		
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0	that the death cert ed by the attendin detached for use	Physician	Part II. Other significant condition	one contributing to	death but not re	isuiting in the	underlying	cause g	iven in Part	1.			_			uss of death?
9	res that iigned b	by P									10	105	2)(No	3 P10	Dabiy	4 Unknown
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8	cate he										10	Yes	2 X No	1[□Yes	2 No
Vital	Physician: The this certificate ral director, pag	Be	25. Was case referred to medica exeminer?							e of Deat	h (Check only	one)				
of	Physic this c	70	1 ☐ Yes 2 💢 No			☐ ER/Outpati		JUA			me 5 🛭 Resi				y)	
2	Jing P. After I	on:	27. Manner of Death 1 Netural 5 Pendir	28a. Det	e of Injury onth, Dey Year)	28b. Time Injury	,	28c. Inju			28d. Describe	how inj	ury occur	red		
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Division	or Attending after death. Director: After I in by the funa	Certification:	3 ☐ Suicide 6 ☐ Could 4 ☐ Homicide determ	ined 200. Pla	ce of injury - At I Iding, etc. (Spec	home, ferm,	street, fecto	ory, office			28f. Location (City or To			er or Run	n/ Route	Number,
	is after or sal Direction in the control of the con															
	To the Hospital or within 24 hours affe To the Funeral Dir completely filled In	edical	29e. Certifier 1 Certifyir (Check only one) 2 Medical	g Physician: To the Examiner: On the	he best of my kn basis of examin anner steted.	owledge, dea ation and/or	ath occurre Investigation	d at the t on, in my	ime, dete er opinion, des	nd placa, ath occurr	end due to the red at the time,	cause(s) and me nd plece,	enner es s and due t	tated. o the cau	ise(s)
	Vithin To the comple	Me	29b. Signeture and title of certifie		arered.		2	9c. Licer	ase number			29d. D	ate signe	d (Month,	Day, Ye	ar)
	/		> HAA	MART	TT	w		D3	9966			Jul	Ly 26	19	96	
			30. Name and address of person	who completed as	use of docts /!-	m 22a) /Tim	a Drint'	DC	.5500			201	.y 20	, 10.	,,,	
	5						-	10 D	lvd	Pool	vvilla	MD	2005	2		
	CA	•	Carolyn A. Ham 31. Date filed (Month, Dey, Year)		Registrar's Sign		200CT	AC D	.vu.,	nuck	ville,	עויו	2000	_		
	Sta Registr		JUL 2 9 100		Janida.		39									



State of Maryland / Department of Health and Mental Hygiene 96

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								Cert	ificate of	Death	7		Reg. N	ło.	0 4	700	J L
	Di		1. Decedent's Neme (First, Mic	idle, La:	st)						-	2. Date of De Month	eth	Day	Year	3. Time of	Death
	Physici /Medi		RAYMOND		Α.	RO	BINSON					July			996	10:2	20P.
	Examir		4e. Facility Name (If not institut	ion, giv	e street and nu	umber)				4b. City, To	own, or Lo	ocation of Deat	h 4	lc. County	of Death		
			Carriage Hil			1						pring			gomer		
	Funeral Director		5. Social Security Number 150 07 9781	6. S	ex ⊠M 2□F	7. Age (n yrs. last birt		If Under 1 Yee Months Deys		r 24 Hrs. Min.	8. Dete of Bin (Month, Di Apr. 12	th ly, Yea , 19	19	9. Birthplac Country Washi	e (State on	, D.C.
	and w		Usuei Residence of Decedent 10a. State 10b. Cour	ty		1	Oc. City, Town	or Loca	ıtion						10d	I. Ineide Ci	ity Limits
	Varyi f eho	5	Maryland Mon	ntgo	mery		,	Ţ	Wheaton						1.00	XXYes	
	the the	Director	10e. Street and Number						10f. Zip Code				10a. C	Citizen of W	hat Country	n	
	3a or		10921 Buckn	.11	D.~			i	209	0.2					Stat		
	death	Funerai	11. Marital Status	CII	12. Was Dec	cedent Eve	er in U,S.	13. Wa	as Decedent of es, specify Cu		rigin? (Sp	ecify Yes or No		14. Race	- American	Indian,	
Maryland 21215-0020	d within 72 hours after death with the Maryland ilene. Then "natural", or flems 23a or 28a-f show the Modical Examiner must be notified at	by	1 ☐ Never Married 2 ☐ M 3 ☐X Widowed 4 ☐ Divorc		Armed F 1 X Yes If Yes, G Year or I	2 No	īW2		/es, specify Cu ☐ Yes 2 [X] No			Rican, etc.)		Specify:	k, White, etc		
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21	within 7 ene. than "r	npie	(Specify only high Elementary/Secondary (0-12			(1-4or 5+)		life. DC	NOT use retir	ed)	st of work	ing					
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and	a de de y	Be	17. Father's Name (First, Middl							18. Moth		e (First, Middle			9)		
N/	should be and Mentel I marked or urnatic eva	To			Robin	son						Louise					
Ma	4 2 P P P P P P P P P P P P P P P P P P		19e. Informant's Name/Reletion Sylvia Robin						Address (Stree							ode)	
	1 and 2 Heelth Ism 27 I		20e. Method of Disposition	1501			20b. Piace of	Disposit	Bucknel		, wilea	Date Date	_		City or Town	n. Stete	
Baltimore,	20 E X		1 ☑ Burial 2 ☐ Cremation				cemeter	y, crema	itory or other pl eaven C		7/30				pring		
Ħ	permit. Pag Department Important: any injury o		4 Donetlon 5 Other 21 Signature Funeral Service	-		-	Gate C		Name and Add			77 50	211	VET D	bring	, rus.	
B	Ped page		NOT THE	_	. 6	4/2	The	2	10 1.	33	- 7 0	Service	In	c.			
	100	1	23a Parti Enter the disease, shock of heart feilure. Li	or comp	olications that	caused th	e death. Do n	740 not enter	00 Geor	gia A	ve., N	N.W., Wa or respiratory a	sh.	,D.C.	2001	2 oproximete	Θ
5	Physician	8 -	shock demean fellure. Li	st only	one cause on	each line.									lr C	nterval Beh	Death
	/Medical		Immediate Cause Final disease or condition				STR	Ote	65						1	reco	flan
В	Examiner	le l	resulting in death)			Du	e to (or es a c	onseque	ence of):			3-1					}
	be si	Examiner			b. ————										İ		
	the death certificete be axecuted by the ettending physician end sched for use as the buriel-transit	хап	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying			Du	e to (or as a c	onseque	ence of):								
68760,	be a sician burie		Cause (Disease or injury	~	c												
687	licete phys s the	edicai	that Initiated events resulting in death) Last			Du	e to (or as a c	onseque	nce of):						1		
Box	n certification	N/W		-	d												
	death ce e ettendii d for use	icia	Part II. Other significant condi	tions co	ontributing to d	leath hut r	ot resulting In	the und	erlying cause c	iven in Part	i	23h Did	toheco	CO HEE COR	tribute to ti	he cause /	of death?
P.0	t the by the tache	Physician/								JIVOIT III T ILLE					3 Proba		
	gned b	by F	Renal f	eu x	WA	Corr	Coll		1812								
of Vital Records,	v requires that the de been signed by the should be detached	ted	Progression	è	Supr	ani	relea	~	Dals	4-		24a. Was	an au	lopsy	avalle	autopsy f	0
ecc	S 50	Completed	0 0 =				-			0.7					of de	oletion of c ath?	ause
=	The ate h	Con	Aspiratio	n	sneun	rori	a cre	cur	vent)	high	unto	nsian 10	Yes	2 🕅 No	10	Yes 2□	No
/ita	ician: The certificate rector, peg	Be	25. Was cese referred to medic examiner?		11						e of Deat	h (Check only	one)				
of	shys this al di	T ₀	1 ☐ Yes 2 📉 No				2 ER/Out		3LI DOA			me 5 Resi					
	ing When	lon	27. Manner of Death 1 Natural 5 □ Pend		28a. Date (Mor	of Injury	28b. T	ime of njury	28c. inj W	uryet ork? ⊒Yes 2.⊑		28d. Describe	now in	jury occurre	ed		
Sic	Attending ir death. ector: After by the fune	Icat	3 ☐ Sulcide 6 ☐ Coul			o of Injune	At home for	er etro	t, factory, office			28f. Location (Street	and Numb	er or Burel F	Zoute Num	hor
Division	75 - 6	ertification:	4 Homicide dete	mined	build	ling, etc. (Specify)	iii, sii o o	it, ractory, office	9		City or To			or rigial i	TOUTO FAUIT	Doi,
	To the Hospital or Ati within 24 hours aftar of To the Funeral Direct completely filled in by	O	29a. Certifier 1 Certify	ing Phy	/sician: To the	e best of n	ıy knowledge.	death o	ccurred at the	time, date a	nd place.	end due to the	ceuse	(s) end mer	nner es stat	ed.	
	M P Ho	edical	(Check only 2 ☐ Madicione)	I Exam	iner: On the b	pasis of ex oner stated	emination and	d/or Inves	stigation, in my	opinion, de	ath occurr	ed at the time,	date a	nd place, a	and due to th	ie ceuse(s)
	To the Hospital of within 24 hours at To the Funeral Completely filled in the Funeral Description of t	M	29b. Signature and title of certif	ier N	4100				~	nse number	_		-	-00	(Month, De		
	/		▶ ¥ · C	XIC	ulla	ul			DI	f 25	18		1	ULL	1 29	, 19	96.
	15		30. Neme end eddress of person	n who d	completed cau	se of deet	h (Item 23a) (Type, Pr	int)		_	-					
_			Gul Chablani,						lke #31	6, Roc	ckvil	le, Man	ry1a	and 20	0852		
	Sta Registr		31. Dete filed (Month, Day, Yes		132. F	Registrar's	Signature	400									

DHMH 16 Rav 6/95

Registrar

JUL 3 0 1996

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 24063

				State of W	iaiyiaiiu / L	Certificate o			Reg. No.	0 2	-4000
	1000		1. Decedent's Name (First, Middle, Las	st)		•		2. Date of De	ath		3. Time of Death
	Physic		Thomas Kieran R	odgers				Month July	29, 1996	Year	5:40 pm
	/Medi Exami		4a. Facility Nama (If not institution, give)		4b. City, Town, or				
1			Johns Hopkins Bo	VVICH M	edical	Center	Baltimo	ore			
	Funeral Director		5. Social Security Number 6. S		ge (In yrs. lest bir					9. Birthp Coun 2 Per	olace (State or Foreign otry) nnsylvania
	pu *		Usual Rasidence of Decedent 10a. Stata 10b. County		10c. City, Tow	o of Location				4	Od Incide Otto I Incide
	with the Marylend a or 28a-f show	ctor		rford	Toc. City, Town	TOT LOCATION	Bel Air	•			0d. inside City Limits 1 ☐ Yes 2X No
	death with the	Funeral Director	1907 Cypress	Drive		10f. Zip Code	21015		10g. Citizen of \	What Coun	try?
21215-0020	172 hours after death with the Maryler Patural, or Items 23s or 28s-f show Ideal Examines must be notified at	by	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Armed Forces' 1 Tyes 2 3 if Yes, Give Year or Dates:	?	13. Was Decedent of If Yes, specify Co		Specify Yas or No to Rican, etc.)	Specify	e - Americ ck, Whita,	atc.
5-0	72 ho	Pe	15. Decedent's Ed (Specify only highest gra	lucation	16a.	Decedent's Usual Occ (Give kind of work dor	upation	orkina	16b. Kind of B	usiness/Ind	dustry
121	within ene.	Completed	Elementary/Secondary (0-12)	Collega (1-4or	5+) Sma	11 Busines	S And Lak	or			
	filed w Hygies ther ti	ပိ	17. Father's Name (First, Middle, Last)	5+	Re]	ations Adv		me (First, Middle			ernment
and	should be filed withing Americal Hygiene. marked other than marked other than	Be	John Patrick Rod				Selma			,,, Oplak	,
Maryland	s 1 and 2 should be filed within f Health and Mental Hygiene. Item 27 Is marked other than other traumatic event, the Mental Health and the Mental Health American area.	10	19a. Informant's Name/Ralationship (1	Type, Print)		Mailing Addrass (Stre	et end Number or F		er, City or Town,	Stete, Zip	Code)
	Health om 27 ther tr		Shirley B. Rodger	S/ Wlie		07 Cypress	Drive, E	el Air,	-		
Baltimore,	permit. Pages 1 and Department of Health Important: if Item 27 any injury or other tr once.		20a. Method of Disposition 1 □ Buriai 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specify		cematai	Disposition (Nema of y, crametory or other prancis de S		Data Cem. 8/2	20c. Location -		
Balt	Departic Departic Importa any inj		21 Signuture of Funeral Service Liceo	590		Howard K. 1317 Coke	McComas	III Fune	eral Hom	e, P.	A. nd 21009
	_	7	23a. Part 1. Enter the disaasa, or companies to the companies of the compa	plications that cause	d the death. Do i					1	Approximata interval Between
d	Physician		and the state of t		,						Onset and Death
4	/Medical Examiner		immediate Cause (Final disaasa or condition	. (andi	consequence of):	athy				nunthS
	-Adminion	<u></u>	resulting in death)								months
	ted nsit	ulu.		b. Im	mond	consequence of):	sun			- /	mund it
ć	tificate be executed g physician end es the burlal-transit	Examiner	Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Diseasa or Injury that initiated events	1/0	Due to (or as a	consequence of):	ndror	ne		į	
68760,	ysicia ysicia	edical	Cause (Diseasa or Injury that Initiated events	c. /02	Due to (or as a c		N accor				
Box 68	seth certificate be executed attending physician end for use es the burial-transit	-	resulting in death) Last	d. le		Pection					lay 4
m.	the death cerry the attending	Physician/N	Part II. Other significant conditions or	ontributing to death b	out not reculting in	the underlying cause	niven in Pert I	23h Did	tohacco usa co	ntribute to	the cause of death
P.0	thet the de ad by the detached	hys	Takin our significant conditions of	onthibuting to death t	out not resulting in	the discernying cause	given in Faitt.		Yes 2 No		14
	es the	by F									
Records,	requi	Completed						24a. Was perfo	an autopsy ormed?	ava	ere autopsy findings allabia prior to mpletion of cause death?
ď	The law te hes	E						134	Yes 2□No		Yes 2 No
Vital		Bec	25. Was casa referred to medical				28. Place of De	ath (Check only			
\	5 00 0	To E	examiner?	Hospital:	ent 2 ER/Ou	tpatient 3□ DOA	Other: 4 Nursing	Home 5 ☐ Resi	dance 8 Oth	er (Specify	y)
on of	ding Ph h. After th funeral		27. Manner of Death 1 Natural 5 Pending 2 Accidant Investigation	28a. Data of Inju (Month, Da		ime of 28c. In M	ury at lork? □ Yas 2 □ No	28d. Describe	how injury occur	red	
Division	or Attending after death. Director: After d in by the fune	Certification:	3 Suicide 6 Could not be determined	28a. Place of In	jury - At home, fa lc. (Specify)	rm, street, factory, offic	е	28f. Location (City or To	Street and Numb wn, State)	er or Rura	I Routa Number,
	To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely lilled in by the funer	edical C	29a. Certifier (Check only one) (Check only one) (Check only one)	/sician: To the best inar: On tha basis of and mannar st	f examination an	, death occurred at the	time, date and plac opinion, death occ	e, and due to tha urred at the tima,	causa(s) and madate and place,	anner as si and due to	ated. the cause(s)
	To the within 2 To the comple	Me	29b. Signature and title of certifiar	.1.			nsa number	_	29d. Data signe		
			> Lucy	vong	NO	1	3527	0	July 30, 1	996	
			30. Name and addrass of person who delected who delected who delected with the delec	G, Pl	astic s	ing, 1940	s Hopkins Eastern	Ave, Bo	Himore,	HD	21224
	Sta Registr	_	31. Date filed (Month, Dey, Year)	32. Begisti	rar's Signatura	2.11					
			MUGI 13	00	A CARLO . N	MOUNT					

				State of M	laryland / I	Department of <i>Certificate o</i>			giene	0 8	14004	
	Dh	2	1. Decedant's Nama (First, Middle, I	.ast)				2. Data of De- Month	eth	Yaer	3. Time of Death	
J	Physici /Medic			ncis Richard			1	July 20,		1 801	6:35 AM	
9	Examir	er	4a. Fecility Neme (If not institution, g Holy Cross Hospita)		4b. City, Town, or L					
-	Funeral	-			ga (In yrs. last bi	rthday) If Undar 1 Ye	Silver Spr ar If Under 24 Hrs.		Montgon	-	ace (Steta or Foreign	-
	Director		578-26-7034	1 XX M 2□ F		Yrs. Months Day	ys Hours Min.	8. Dete of Bird (Month, Da February	y, Year) 1, 1926	Washi	ace (Steta or Foreign ny) ngton, D.C.	
	pue *		Usuai Rasidanca of Dacedent 10a. State 10b. County		10c. City, Tow	m or Location				10	d. Insida City Limits	
	Manyt	lor	D.C.				ashington			1	1 XYas 2 No	
	r 28s	Director	10e. Streat and Number			10f. Zip Code	1	T	10g. Citizan of W	hat Count	ry?	
	23a c	ai D	#10 49th Place, N	.E.			20019		U.S.A.			
21215-0020	a 1 and 2 should be filed within 72 hours after death with the Maryland Health and Mental Hygiene. Item 27 is marked other than "naturel", or items 23s or 28s-f show other traumatic event, the Medical Examinet must be notified at	by Funerai	11. Maritel Status 1 Nevar Married 2 Marriad 3 Widowed 4 Divorced	12. Was Dacedent Armed Forcas: XX Yas 2 I If Yas, Give Yaar or Detes:	?	13. Was Decedant of If Yes, specify Control of Image 2 □ X N	of Hispanic Origin? (Spuber, Mexican, Puarto lo Specify:	pecify Yes or No Rican, atc.)	Black	- Amarica , White, a Black		
5-0	72 ho	Completed	15. Decedant's (Specify only highast of		16a	. Decedant's Usuai Occ (Giva kirid of work dor life. DO NOT use ret	cupation na during most of work	ding	16b. Kind of Bus	lnass/Ind	ustry	
121	within ane. than	idu	Elementery/Secondary (0-12)	College (1-4or	5+)	life. DO NOT use ret			Federal G	01/01		
d 2	filed with Hygiene. other ther	Be Co	17. Fathar's Nama (First, Middla, Lat	st)			Cartograp 18. Mother's Nam		Maldan Sumama		ienc	
/lan	2 should be f and Mental It is marked of	To B	Francis R	ichardson				Violetta	Harris			
, Maryland	is 1 and 2 sho of Health and 1 flam 27 is ma other traums		19a. Informant's Name/Ralationship Mrs. Thomasina D. Ri	<i>(Type, Print)</i> chardson (Wif		o. Mailing Addrass (Stre O 49th Place,				Stata, Zip	Code)	
Baltimore,	and the second		20a. Mathod of Disposition 1 ☑ Buriel 2 ☐ Cramation 3 4 ☐ Donation 5 ☐ Other (Spec		cemata	of Disposition (Name of ary, crematory or other p to National Ce		Date /24/96	Triangle,			
Balt	permit. Page Department of Important: If any Injury or once.		21 Signature of Funeral Service Lic	ansee (m A)	Funeral Home		ton DC	20019				
	Physician		23a Parti. Enter tha disaasa, or co			Approximata intarval Between Onsat and Death						
4	/Medical Examiner	Ш	Immadiate Ceuse (Finel diseasa or condition	Hyperna	atremia wi	th dehydratio	n			1	l Week	
В	Examiner	<u>_</u>	rasulting in death)		Dua to (or as a	consequence of):				i	Noon	
	uted Insit	Examiner		B. RT. LOW	ver Lobe P						B Days	
90,	cate be executed physician and the burial-transit	i Exa	Sequantially list conditions, if any, laading to immediata causa. Entar Underlying Causa (Disease or Injury that initiated events	Recurre		consequance of): tion Pneumoni	a				Month	
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Box	eath certifi attending	clan								İ	18	
, P.O.	requires that the de peen signed by the a should be detached is	y Physician/M	Part II. Other significant conditions	contributing to death t	out not resulting i	n the underlying cause	givan in Part I.				the cause of death?	
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a H	E ag	Son						101	Yas 2 No	1□	Yes 2X No	
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of		-	1 ☐ Yes 2XXNo 27. Manner of Deeth	28a. Data of Inju	ury 28b.	Tima of 28c. in	4 LI Nursing Ho		danca 8 Othai how injury occurre)	-
sion	Attending Is or deeth. ector: After by the funer	atio	1 ☑ Natural 5 ☐ Pending 2 ☐ Accident Investiget		sy Year)		Vork? ☐ Yes 2 ☐ No					
Division	P # F E	Certification:	3 ☐ Suicida 6 ☐ Could not 4 ☐ Hom(cida determine	d 28a. Place of in	jury - At homa, fa tc. (Specify)	arm, straat, factory, offic	×8	28f. Location (: City or Tox	Street and Numbe vn, Steta)	r or Rurai	Routa Number,	
	To the Hospital or within 24 hours after to the Funeral Dir completely filled in	edicai C	29e. Cartifiar (Check only one) 1 Certifying F	Physician: To the best miner: On the basis o and mannar st	f axamination an	a, daath occurred at tha d/or Investigetion, In m	time, date and plece, y opinion, daath occur	end due to the red at tha time,	ceuse(s) and man deta and place, ar	nar as stand dua to	ited. tha cause(s)	
	To the compl	Me	29b. Signatura and titla of certifier	740 4			nsa number 40970		29d. Deta signed July 20, 19		Pay, Year)	
(11)	-	30. Nama and addrass of person who 8300 Corporate	1	daath (itam 23a) Over, MD	(Type, Print) 20785						
	Sta	te	31. Data filed (Month, Day, Year)									
	Registra		JUL 25 1	996 Shi	rar's Signature	tarball						

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and the second s was in the same \$ 100 miles

State of Maryland / Department of Health and Mental Hygiene 9 6 24065 Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Data of Death 3. Time of Death Month **Physician** 96 Simmons Rattliff 21 13:50PM Mable 07 /Medical 4e. Facility Nama (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Clinton Southern Maryland Hospital P.G. 5. Social Security Number 6. Sax If Undar 1 Yeer If Under 24 Hrs 8. Data of Birth (Month, Day, Year) 12/23/38 7. Age (In yrs. lest birthday) 9. Birthpiace (Stete or Foraign Country)
S.C. **Funeral** 10 M 20 X Months Days Hours Min. unknown 57 Director Usuai Rasidence of Decedant death with the Meryland 10e. Steta 10b. County 10c. City. Town or Location 10d. insida City Limits tem 27 is marked other than "naturel", or itema 23a or 28a-f show other traumatic event, the Medical Examinar mast be notified at 1 Yas 2 No Director Clinton P.G. 10e. Straat end Number 10f. Zip Coda 10g. Citizan of What Country? 9708 Dalmatia Ct. 20735 U.S.A. Funeral 12. Wes Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☒No If Yas, Giva 11. Meritel Status 13. Was Decedant of Hispenic Origin? (Specify Yes or No-lf Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian, Biack, White, etc. filed within 72 hours efter 1 Never Marriad 2 Married 3altimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: à Specify: 3 Nidowed 4 Divorcad Black Completed 16a. Decedant's Usual Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Dacedant's Education (Specify only highest grada complated) 16h. Kind of Business/Industry permit. Pages 1 end 2 should be filed within Department of Health end Mental Hygiene. Important: If flem 27 is marked other than 1 any injury or other traumatic avanta. Elemantary/Secondary (0-12) Collega (1-4or 5+) Domestic retired private 12 17. Fathar's Nema (First, Middla, Last) 18. Mothar's Name (First, Middla, Malden Surnama) Be Thomas Simmons Dollie Young 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Garnell Simmons 1444 Geranium St. N.W.Wash.D.C.20012 20a Mathod of Disposition 20b. Piece of Disposition (Nema of cematary, crematory or other place) 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Ramoval from Stata Harmony Cemetery 7/24/96 Landover, Md. 4 ☐ Donation 5 ☐ Other (Spacify) Hodges and Edwards 21. Signature of Funaral Sarvica Licansaa 22. Name and Addrass of Facility auau 3910 Silver Hill RD. Suitland, Md. 23a. Part1. Enter the diseasa, or complications that caused the deeth. Do not anter the mode of dying, such as cardiec or respiretory errest, shock, or haart failura. List only ona cause on aach lina. Approximata Intarval Batween Onset end Deeth **Physician** Immediate Ceuse (Final disease or condition resulting in death) /Medical Multi System Failure l week Examiner Due to (or as a consequence of) Examiner Metastatic Lung Cancer requires that the death certificete be executed the buriel-transit Sequantially list conditions, if any, laading to immediata causa. Enter Underlying Ceusa (Diseasa or injury thet initiated evants resulting in deeth) Lest pue Due to (or as a consaquance of): Records, P.O. Box 68760, attending physician Physician/Medical Dua to (or as e consaquance of): 88 Part II. Other algnificant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 No 2 No 3 Probably 4 Unknown COPD, CVA þ 24b. Wera autopsy findings evailable prior to completion of cause of death? Completed 24a. Wes an autopsy performed? The law page 2 certificate hes 1 ☐ Yes 2 ☐ No 1 TYAR 2 No Division of Vital Be 25. Was casa rafarred to medical 26. Placa of Death (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yas 2 No 1 Nopatiant 2 ER/Outpatient 3 DOA Director: After this In by the funeral 27. Mennar of Daeth 28a. Data of Injury (Month, Day Year) Certification: 28b. Time of 28d. Dascribe how Injury occurred 28c. Injury at Work? Hospital or Attending 24 hours after death. 5 Panding Invastigation 1 Alaturai 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datarmined 3 Suicida 28e. Placa of Injury - At homa, farm, straat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide To the Hospius within 24 hours after To the Funeral Dir 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, deta end place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, daath occurred at the time, date and piece, and due to tha cause(s) and manner stated. Medical 29a. Cartifian 29b. Signature and fitte of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) D45435 7/22/96 30. Neme and address of person who complated cause of daeth (Itam 23a) (Type, Print) Varkey Mathew MD. Southern Maryland Hospital Clinton, Md. 31. Deta filed (Month, Dey, Year) 39. Ragistrar's Signature

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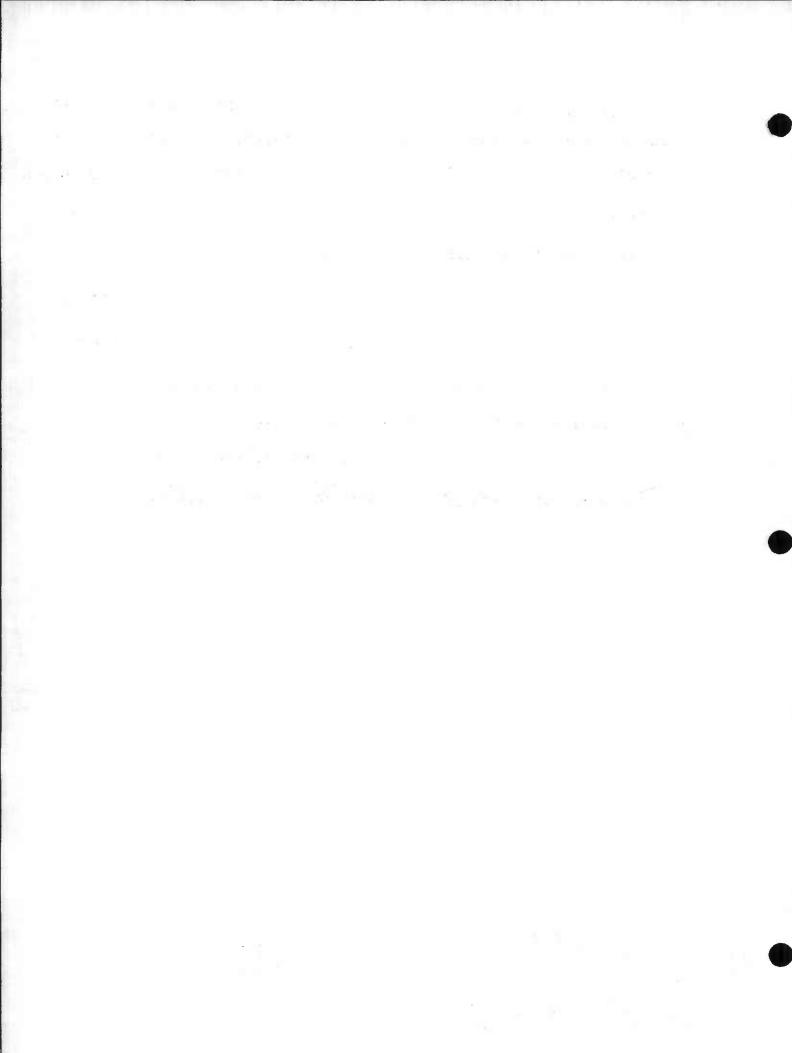
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				-	Cer	tificate of	Death		Reg. No.		
	Dhusis		1. Decedent's Neme (First, Middle, Las	it)				2. Dete of Dec	ath	Veer	3. Time of Deeth
	Physic /Medi		Coleman B	. Robinson				July	17°, 199	96	10:38 A.
	Exami	ner	4a. Facility Name (If not institution, give		1 0		4b. City, Town, or L				
L			Prince George 5. Sociel Security Number 6. S		rs. lest birthday)		Chever				eorge's
	Funeral Director			2 F 80		Months Deys		8. Deta of Birt (Month, De) 8 / 1 9 /	y, Year) 15	9. Birthpl Count S • (laca (State or Foreign try) Carolina
	Marylence and an area	tor	D.C. 10b. County N/A		city, Town or Lo Washin					10	0d. inside City Limits 1 ☑ Yes 2 ☐ No
	ath with the Maryler 23a or 28a-f show	Funeral Director	10e. Street end Number 5121 Sheri	ff Rd., N.E		10f. Zip Code 2 0 0	19		10g. Citizen of V	What Coun	
020	after des	by	11. Maritel Stetus 1 ☐ Never Merriad 2 ☒ Marriad 3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedant Evar in Armed Forces? 1X Yes 2 □ No If Yes, Give Yeer or Detes:		Ves Decedent of Yas, specify Cul	Hispanic Origin? (Sp ban, Mexican, Puerto Specify:	pecify Yes or No- Rican, etc.)	14. Rac Bled Specify	e - America ck, White, e	
5		eted	15. Decedent's Ed (Specify only highest gre	ucation da com <i>pleted)</i>	16a. Deced	ent's Usuel Occu	pation during most of work	kina	18b. Kind of Bu	usiness/Ind	lustry
21215-0020	filed within Hygiene. ther than "	Completed	Elementery/Secondary (0-12)	College (1-4or 5+) 1 yr.		oo NOT use retir er/Unlo	during most of work ed) Dader		Safewa	ay Fo	boo
pu	office vent	Be	17. Father's Nema (First, Middle, Last)				18. Mother's Nem	e (First, Middle,	Meiden Sumen	10)	
Ya	Ment Ment arked	To	Preston	Robinson			Lizz	ie McLa	aughli	n	
Maryland	2 sho and la m raum		19a. Informent's Neme/Reletionship (7		19b. Mellin		et and Number or Au		er, City or Town,	Stete, Zip	Code)
-	1 and leelth m 27		Ruth R. Robinso		Same		10 above	Dete	20c. Location -	Oh, at Ta	Chata
Baltimore	permit. Pages 1 and 2 should be filed within Department of Heelth and Mental Hygiene. Important: if item 27 is marked other than any Injury or other traumatic event, the Mance.		A Buriel 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Specify	Removei from State	cematery, cren	natory or other pla	eca) Park 7/2:		Landove		
Ball	Depart Import any in		21. Signature of Funerel Service Lican	500	22	Nama and Addr H.S.Wa 4925 E	ass of Facility ashington Burrough:	n & Son	ns,Inc	•	
H	-		23a. Pert1. Enter the disease, or comp shock, or heert feilure. List only	elicetions that caused the de	eeth. Do not ante						Approximate Interval Between Onset end Death
	Physician /Medical Examiner	Iner	Immediate Causa (Final disease or condition resulting in deeth)	e. Hart Due to	o (or es e conseq	luce of Air	reore				Onset end Death
	and trans	Examiner	Sequentially list conditions,	Due to	(or es e corseq	uence of):				i	
60,	icata be executed physician and s the buriel-transit		Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury	C	V					1	
x 68760,	Die e	Medical	thet initiated events resulting in deeth) Last	Dua to	(or es e consequ	uenca of):				1	
Box	attendi for use	clan									
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of Vital Records,	aw requir	Completed by							en autopsy rmed?	ave	ore autopsy findings allabla prior to mpletion of cause death?
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of	Physician: this certific	70	1 165 2 440		ER/Outpatien	3LI DOA		ome 5 Resid			0
Division	or Attending Faffer death. Director: After I in by the funer	atlon	27. Menner of Deeth 1 Neturel 5 Pending 2 Accident investigation	28e. Dete of Injury (Month, Day Year)	28b. Time of Injury	28c. Inju Wo M 1	ry et ork? Yes 2 No	28d. Describe h	now injury occur	red	
Divis	al or Att	Certification:	3 Suicida 6 Could not be 4 Homicide determined	28e. Place of Injury - A building, etc. (Spe		aet, fectory, office		28f. Location (S City or Tox		er or Rura	l Routa Number,
	To the Hospital or Attending Phywithin 24 hours after death. To the Funeral Director: After this completely filled in by the funeral	edical	29e. Certifier (Check only one) 1 Certifying Phy 2 Medical Exam	selcfan: To the best of my k lner: On the basis of exam- end manner stated.	nowledge, deeth Ination end/or inv	occurred at the t estigation, in my	ime, dete end placa, opinion, deeth occur	end due to the or	cause(s) and ma dete end piece,	anner as stand due to	ated. tha cause(s)
	To the comp	M	29b. Signeture and title of certifier	Pmale.	2 01/0	29c. Licen	se number		29d. Dete signe	d (Month, L	Day, Year)
	19		30. Neme end eddress of person who c		tem 23a) (Type, I	Print)	601 60t Capitol		,Md. 2	0743	10
		•	Edward L. Mosl 31. Dete filed (Month, Dey, Year)	ey, M.D. ×			Capitor	900.	, 2		
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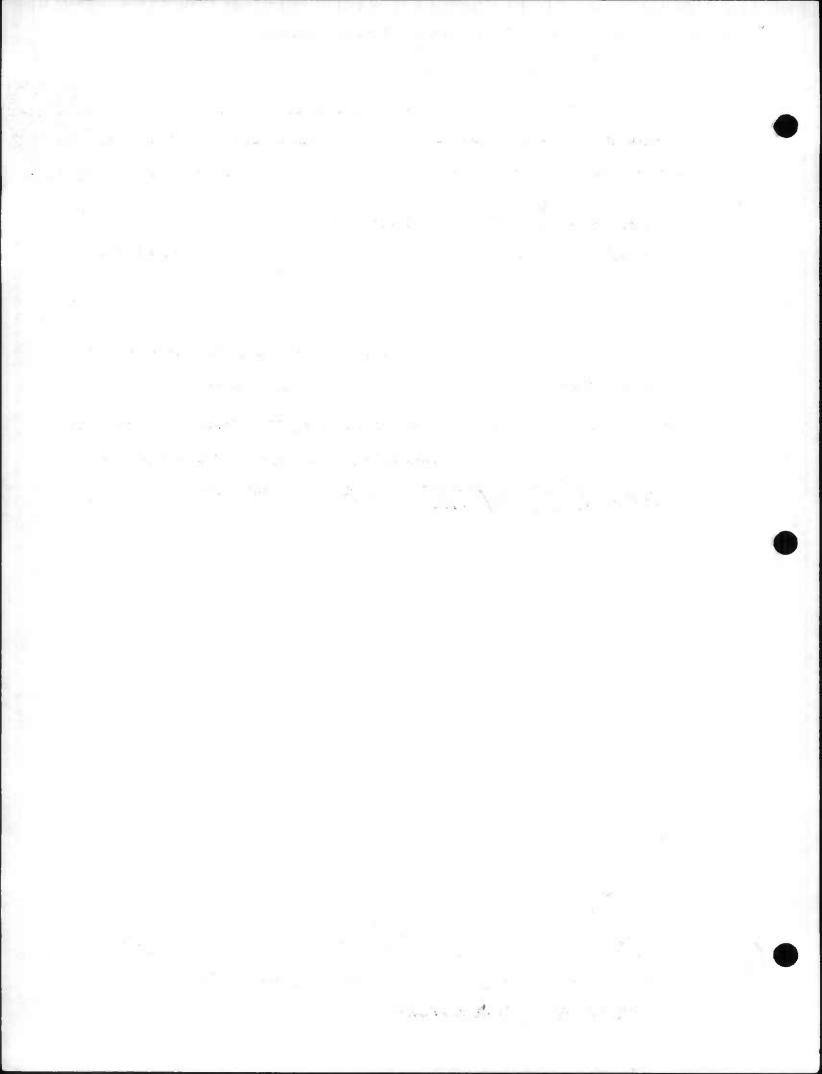


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					,,	•	ficate of	Death		eg. No.	, 0	. 4001
		Ī	1. Decedent's Name (First, Middle, Last)						2. Date of Dee Month	-	Yeer	3. Time of Death
	Physici /Medic		ELIZABETI	4 A		Ric	HARO	SON	July		996	2:30 AN
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			WASHINGTON ADVE					Takoma Pa			omery	
	Funeral Director		5. Sociel Security Number 577-34-6179 Usuel Residence of Decedent	M 257 E	(In yrs. last birl		If Under 1 Year Months Days		8. Dete of Birth (Month, Dey Jan. 19	Year) , 1928	9. Birthplac Country Washi	ce (Stete or Foreign y) ngton, D.C.
	fand w		10a. State 10b. County	1	10c. City, Town	n or Locat	tion				100	d. Inaide City Limits
	Meny Find a	tor	Maryland Prince G	enrge's		Hvat	tsvill	Α				No 2 No
	n the	Director	10e. Streef and Number	COLEC 3			10f. Zip Code			0g. Citizen of V	What Country	y?
	h with	o o	5902 31st Avenue	#208			2078	2		United	l Stat	es
20	within 72 hours efter death with the Meryland ene. then "natural", or items 23a or 28a-f show ha Medical Examiner must be notified at	by Funeral	11. Marital Stetus 1 □ Never Married 2 □ Merried 3 ☑ Widowed 4 □ Divorced	2. Wes Decedent Ev Armed Forces? 1 Yes 2 No If Yes, Give Year or Detes:			s Decedent of es, specify Cut	Hispenic Origin? (Spoen, Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)	14. Rec Bled	e - American ck, White, et	
215-0020	hour		15. Decedent's Educa		16a	Deceden	nt's Usuel Occu	nation		16b. Kind of Br		
212	within 72 ho iene. then "naturi the Medical	piet	(Specify only highest grede of Elementary/Secondery (0-12)	completed)		(Give kin life. DO	of work done NOT use retin	pation during most of work ed)	ing			,
77	d with	15. Decedent's Education (Specify only highest grede completed) Elementary/Secondery (0-12) 11 College (1-4or 5+) 11 Retired Warehouse							ployee	Hecht	Compa	any
9	al Hygie other	Be	17. Father's Neme (First, Middle, Last)					18. Mother's Name	(First, Middle,	Melden Sumen	ne)	
Maryland	should be nd Mental marked o	To	Norman Evans					Agnes	Boston			
a			19a. Informent's Neme/Reletionship (Type	e, Print)	19b.	. Melling	Address (Stree	t end Number or Run	al Route Numbe	r, City or Town,	Stete, Zip C	iode)
	Peges 1 and 2 tment of Health 6 tant: If ftam 27 is jury or other tra		Allen E. McDuffie	- Son				enue, #208				20782
galtimore,	F fter		20e. Method of Disposition 1 ■ Buriel 2 □ Cremetion 3 □ Ren	moval from Stete	20b. Pleca of cameter	Dispositi y, cremet	ion (Neme of tory or other pla	eca)	Dete	20c. Location -	City or Tow	n, Stete
Ē	permit, Peg Department Important: I any Injury o	4 Donetion 5 Other (Specify) Lincoln Memorial Cemeter								Suitla	nd, MI)
Za Za	Depart Depart Import any in		21. Signature of Funeral Service Licensee	4 4			leme end Addr		ME Too			
	00560		John / Sto	wart	7//			FUNERAL HO			gton.	D. C.
			23 Fart 1. Enter the disease, or complica shock, or heart feilure. List only one	ations that caused the	ne deeth. Do r	nof enter t	the mode of dy	ing, such es cardiac	or respiretory en	esf,	li li	Approximete nterval Between
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	rificate be axecuted ng physician and as the buriel-transit	xar	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events	De	ue to (or as e o	conseque	nca of):					
68/60 ,	siciar buri		cause. Enter Underlying Ceuse (Diseese or Injury that Initiated events									
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	The late he	E O							1 🗆 Y	es 25kNo	10	Yes 2□ No
N (Sa)		Be C	25. Was case referred to medical examiner?					26. Plece of Deatl	(Check only or	ne)		
010	2 0 0	To	1 Yes 2 No Hos	spitel: 1 🗌 Inpetient	2 ER/Out	tpetient	30 DOA	ther: 4 Nursing Ho	me 5 Resid	ence 6 Oth	er (Specify)	
	ter the		27. Menner of Deeth Netural 5 Pending	28e. Dete of Injury (Month, Dey)		ime of	28c. Inju	iry at ork?	28d. Describe h	ow Injury occur	red	
IVISION	andili eath. or: A the fu	cati	2 Accident Investigation				M 1	Yes 2 No				
2	fter d fter d ilrect	Certification:	3 Suicide 6 Could not be determined	28e. Plece of Injury building, etc.	/ - At home, fai (Specify)	rm, street	, fectory, office		28f. Location (S City or Tow		er or Rurel I	Route Number,
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	To the Hospital or Attanding Physins 24 hours efter death. To the Funeral Director: After this completely filled in by the funeral	edical	29a. Certifier Check only one) Certifying Physic 2 Medical Examiner	r: On the basis of ea	xaminetion end	, death od d/or Inves	ccurred at the t tigation, in my	ime, date end plece, opinion, death occurr	and due to the c ed et the time, d	euse(s) and me late and pleca,	enner as stet and due to the	ed. he cause(s)
	the thin the mple	Med	29b. Signature end title of certifier	end manner state	0.		Vn 29c Licen	se number		9d. Date signe	d (Month De	av. Yaar)
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	[11]		Jan W		20	1		1001		/	19196	•
-	(7)		30. Name and address of person who comp	pleted cause of dee	tn (Item 23a) (Type, Ph	ni)	#322 Wa	sh DC	ZOOL	0	
	Sta Registr	_	31. Date filed (Month, Dey, Year) JUL 2 3 1996	Registrar's	s Signature	lett	, , ,	V		- 001		

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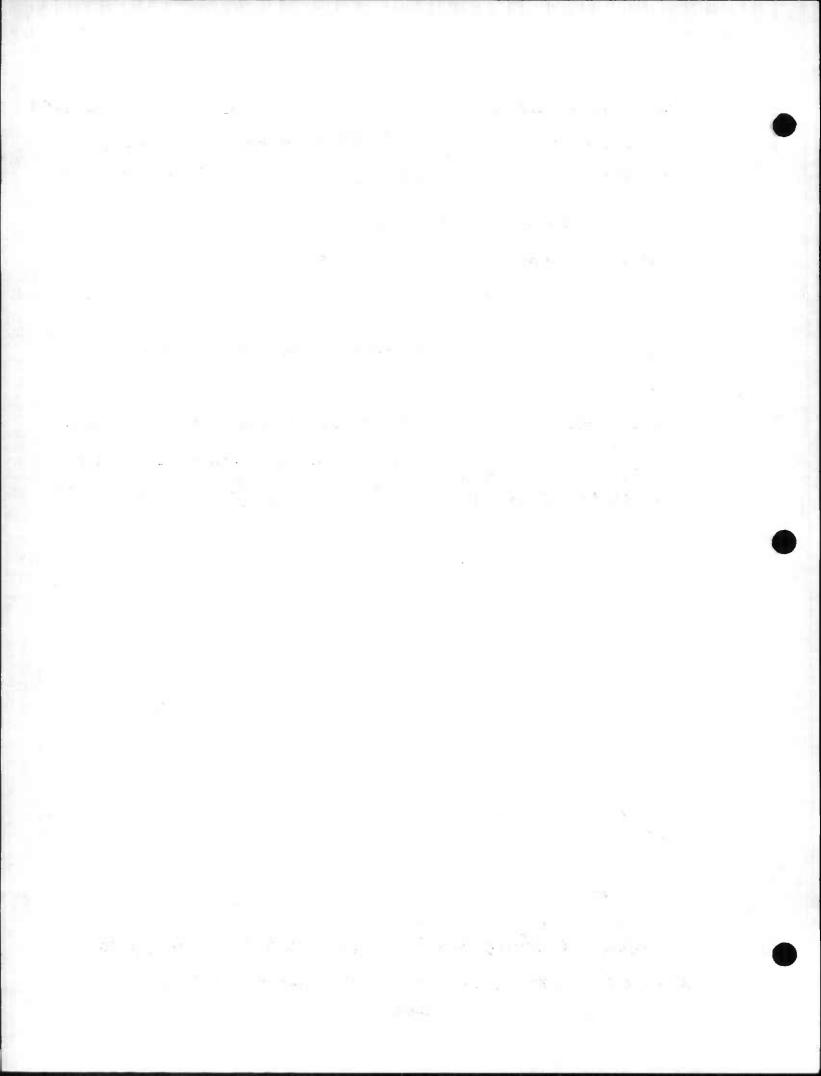
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	Physici /Medic		Anne Hotsko	Shovlin						July	26	1996	2:	SOPM
	Examir		4e. Facility Neme (If not institution, give	street end number)				4	b. City, Town, or L	ocation of Deel	h 4c. Co	unty of Deati	h	
			Holy Cross Hospit						Silver Sp			gomer	У	
	Funeral Director		5/8-14-3/98	ox □M 2(X) F	e (in yrs. lest b 77	irthday) Yrs.	If Under 1 Y Months Do	eys	If Under 24 Hrs. Hours Min.	8. Date of Bi (Month, Di July 1	3, 191	Co	untry)	itete or Foreign vania
	th the Maryland or 28a-f show a notified at		Usuel Residence of Decedent 10a. State 10b. County		10c. City, To	wn or Lo	cation						10d. fns	Ide City Limits
	o Ma Mark Hilled	ctor	MD Montgom	nery	Silver	Sp	ring						1 🗆	Yes 2 X No
	Or 22	Dire	10e. Street and Number				10f. Zip Co	de			10g. Citizen	of What Co	untry?	
	23a Mat 3	rai	12517 Atherton Dr	ive			209				USA	1		
215-0020	simin 72 hours after death with the Marylar siens. I than "natural", or items 23s or 23s-f show The Medical Examiner must be notified at	by Funeral Director	11. Maritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Armed Forces? 1 ☐ Yes ②☐ If Yee, Give Year or Detes:			Vas Decedent Yes, specity (☐ Yes 2 🛣		lispanic Origin? (Sp en, Mexican, Puerto Specify:	ecify Yes or No Rican, etc.)		Race - Amer Black, White ecify:		
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-	tal Hygid d other event, g	Be C	17. Father's Name (First, Middle, Last)		'				18. Mother's Nem	e (First, Middle	, Melden Su	meme)		
aryland		ToE	Michael Hotsko						Mary Goi	da				
lar	Sa ta		19a. Informant's Name/Reletionship (T	ype, Print)	19	b. Mailin	g Address (St	reet	end Number or Rui	ral Route Numb	er, City or To	own, Stete, 2	(ip Code)	
6,	7 Health Item 27 other b		James E. Shovlin						Drive,				209	
timore,	Pages I nert of H ent: If Ibe ary or of		20e. Method of Disposition 1 Burial 2 X Cremation 3 Di	Removel from State			sition (Neme one tory or other			Date		lon - City or		
₫	pamil, Pages Department of Important: If II any Injury or a		4 □ Donation 5 □ Other (Specify,		Metro		itan Cr		natory 7	/28/96	Alexar	ndria,	Vir	ginia
Ba	Depa Impo any is	21. Signature of Funerel Service Licensee 22. Name and Address: Funeral Home Silver Sprin								500 Un			vd.	West
	Physician /Medical	23a. Part: Enter the disease, or complicate is that caused the deeth. Do not enter the mode of dying, such as cardiac shock, or heart failure. List only one a ise on each line. Immediate Cause (Final disease or condition								or respiratory a	nrrest,		Onset	ximata al Between end Deeth
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	pg tis	Examiner	_	b. He	ner	ea	rlu	2				9	mon	uttes
	ificate be executed g physician and as the buriel-trensit	xar	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	15	Oue to (or as a	conseq	uence of):	2 -	6	,	~	1		
68760,	siciar b buri	cail	Cause (Disease or Injury that initiated events	c. Zre	Due to (or as	P	CO8	Ü,	Brupa	yrou	la			
9	ificat g phy as th	edicai	resulting in death) Last					1	10					
Box		No.		d	7 12	ed	et fe	U	LIVE					
	deat	sicia	Part II. Other significant conditions co	ntributing to death be	ut not resulting	In the ur	iderlying cause	e giv	en In Part I.	23b. Dfd	tobacco uas	s contributa	to the ca	use of death
P.O.	that the ned by the detach	by Physician/N								1	Yes 320	No 3□Pr	obably	4 Unknow
Records,	law requires thet the death cer es been signed by the ettendir o 2 should be detached for use	Completed b									an autopsy ormed?	8	vallable	opsy findings prior to n of cause
	The lav	E								10	Yes 200	lo 1	□Yas	2 No
VIta		Be	25. Was case referred to medical examiner?						26. Place of Deal	th (Check only	one)			
0	Physic this ce	2	1 ☐ Yes 2 No	Hospital: 1 Impatie	nt 2 ER/O	utpatien	3□ DOA	Oth	er: 4 Nursing Ho	ome 5 Res	Idence 8	Other (Spec	city)	
	Attending Physician: r death. ector: After this certific by the funeral director,		27. Manner of Death 1 In Neturel 5 ☐ Pending 2 ☐ Accident investigation	28a. Dete of Injur (Month, De)	Year) 28b.	Time of fnjury	28c.		yat k? Yes 2 □ No	28d. Describe	how injury or	ccurred		
Division		Certification:	3 Suicide 8 Could not be determined	28e. Place of Injubulding, etc.	ury - At home, f :. (Specify)	arm, stre	et, factory, off	lice		28f. Location (City or To	Street and N wn, State)	lumber or Ru	ral Route	Number,
	To the Hospital or Attending Phys within 24 hours after death. To the Funeral Director: After this completely filled in by the luneral di	edicai C	29e. Certifier (Check only one) 1 Certifying Phy 2 Medical Exami	sician: To the best of ner: On the basis of and manner sta	examination as	e, death nd/or Inv	occurred at the	ne tin	ne, date and place, pinlon, death occur	and due to the red at the time,	cause(s) and pla	d manner as	stated. to the ca	use(s)
	To the within 2 To the comple	ž	29b. Signature aperatie of confider		11	7			e number		29d. Date s	igned (Month	, Day, Ye	ear)
	/		Munhall	larly	leef		De	0	233.	8	7/2	6/90	6	
	5	1	30. Name and address of person who co				Print)		233. Suver	0	,			
			RICHARD P. DELAN	EY MD.,	9801 G	PRG	14 AV	E.	SILVER	SPRIN	9, MD			
	Sta	te	31. Date filed (Month, Dey, Year)	32. Registre	er's Signature									

DHMH 16 Ray 6/95

Registrar

JUL 3 0 1996



						Cer	tificate o	f Death		Reg.	No.		
			1. Decedent's Neme (First, Middle, Li	est)						e of Deeth		WILL	3. Time of Death
	Physic /Medi		JEANETTE N.	SPITZHOF	F				Ju	1v 16.	Dey 1996	Year	7:40 p.m
	Exami		4e. Fecility Nama (If not Institution, gli	re street end number)				4b. City, Tow	vn, or Location of		4c. County		1.0 0.11
			Frederick Memori	al Hospita	1			Freder	ick		N/A		
	Funeral Director		The state of the s	Sax 7. Age	a (In yrs. last	birthday) Yrs.	If Undar 1 Yes Months Day		Min. (Mo	e of Birth oth, Dey, Ye 16, 1	908	9. Birthpi Coun Virgi	iece (Stata or Foreign itry) inia
	land m		10e. Stete 10b. County		10c. City, T	own or Lo	cation					1	0d. inside City Limits
	the Marylar 28s-f show notified at	ō	Virginia N/A		Fairf	av							1 X Yaa 2 □ No
	the room	Director	10e. Street end Number		Tarri	CA	10f. Zip Coda	1		10g.	Citizen of	Whaf Coun	itry?
	23a or		10300 Eaton Plac	0			22030)		TIC	SA		
	items 2	Funeral	11. Maritai Status	12. Wes Decedent B	Ever in U,S.	13. V	Vas Decedent o	f Hispanic Orig	In? (Specify Ya	s or No-	14. Red	ce - Americ	
21215-0020	to of	by	1 Nevar Married 2 Merried 3 M2 Widowed 4 Divorced	Armed Forces? 1 ☐ Yas 2 ☑ N If Yes, Give Yeer or Detes:	lo		Yes, specify Co		Puèrto Rican, e	etc.)	Specif	ck, White, o	
5-0	"natural",	Completed	15. Decadent's E (Specify only highest gr	ducation ade completed)	1	6a. Deced	ent's Usuei Occ kind of work don	supetion ne durina most	of working			usiness/ind	
121	within ene. than "	JQE.	Elementery/Secondery (0-12)	College (1-4or 5		life. E	O NOT use reti	red)					ompany
2	should be filed withind Mentel Hygiene. Imarked other than Imaric event, the Mentel Event, the Mentel Event, the Mentel Event, the Mentel Event, the Mentel Event, the Mentel Event, the Mentel Event, the Mentel Event, the Mentel Event, the Mentel Event, the Mentel Event, the Mentel Event, the Mentel Event, the Mentel Eventel	S	12			Adve	rtising						Store)
Maryland	d off	Be	17. Fether's Neme (First, Middle, Last)				18. Mother	's Neme (First,	Middle, Mei	den Sumer	ne)	
Z	Men Men arks	2	John William Gra					Grac	e Lee F	oley			
Jar			19e. informent's Neme/Reletionship	77	1	19b. Mellin	g Address (Stre	et end Number	r or Aurai Routa	Number, Ci	ty or Town	Steta, Zip	Code)
	os 1 and of Health Item 27 other tr		Suzanne C. Carte	r	1	3242	Ladyba	nk Lane	, Hernd				1071
Baltimore,	Peges 1 and 2 ment of Health e ant: if item 27 is ury or other tre		20e. Method of Disposition 1 Bunal 2 □ Cremetion 3 □ 4 □ Donation 5 □ Other (Specia		ceme	etery, crem	sition (Name of netory or other p 1 Cemet		7/19			- City or To	ryland
Balt	21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility Demaine Funeral Homes,										c. 14	-	the Second
	748.00		23a. Pert1. Enter the diseesa, or com shock, or heart feilure. List only	plicetions thet caused	the deeth. D	Do not ente						ï	Approximate Interval Between
	Physician /Medical Examiner	er	Immediate Cause (Finei disaasa or condition resulting in deeth)	· Congest		at f	ailure uence of):	1500					Onset and Deeth
Box 68760,	law requires that the death cartificate be executed as been signed by the attending physician end by 2 should be deteched for use as the bunel-transit	lan/Medical Examiner	Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last	. An	Due to for es Dua to (or es	e consequ	uenca of):	red t	h/o M	aao	ypi	Anen	a.
0	the a	Physician/	Part ii. Other significant conditions of	ontributing to death bu	f not resultin	g in the un	derlying cause	givan in Pert i.	23	b. Did tobe	000 uee 00	ntribute to	the cause of death?
<u>a</u>	es thet the de igned by the a be deteched t	by Ph	moderate e	sonhagi	tis,	Se	vere			1 🗆 Yee	2□ No	3 Prot	bably 4 Unknown
Vital Records,	e law requires has been sig ge 2 should b	Completed b	gastritis,	Hypota	ripo	Was	ism	/	241	a. Wes an a performed		CON	ere autopsy findings alleble prior to mpletion of cause death?
al B	The ate h		Deminter	probal	re t	1121	Kren	- Dia	come	1 🗆 Yes	2 No	10	Yee 2 No
N.	Physician: this certific ral director,	Be	25. Wes case referred to medical axaminar?	Hospitei: _'.			_	Wher	of Death (Check				
of	this rai di	: To	1 ☐ Yes 2 ☐ No 27. Menner of Deeth	28a. Deta of injur		Outpatiens b. Time of	SLI DOA	401	sing Homa 5	Residence scribe how i			0
L C	Ing After fune	lon	1 Meturel 5 ☐ Pending	(Month, Day	Year)	fnjury	28c. In W	fork? ☐ Yes 2 ☐ N		SCHOO HOW I	rijury occur	190	
Division	or Att	Certification:	2 Accident investigatio 3 Sulcide 6 Could not b 4 Homicide determined		ry - At home . (Specify)	, ferm, stre			28f. Loc	ation (Strea or Town, S	t and Numl tete)	per or Aura	l Routa Number,
	To the Hospital or Att within 24 hours effer of To the Funeral Direct completely filled in by	edical C	29a. Certifier (Check only one) 1 Certifying Ph	yefcian: To the best of niner: On the basis of and menner stel	examinetion	dge, death and/or inv	occurred et the estigetion, in my	time, dete end y opinion, deeth	pleca, end due n occurred et the	to the cause e time, dete	e(s) end me end pleca,	enner as st and due to	ated. the cause(s)
	To the To the comp	M	29b. Signetura and title of certifier				29c. Lice	nse number		29d.	Deta signe	d (Month, I	Dey, Year)
				Stown	w).		De	1716	8		7/1.	719	6
	10		30. Name and address of person who Chan-Hing I					Bruns	swick,	MD	2171		
	Sta Registr		31. Date filed (Month, Day, Year) 1996		r's Signeture						- 5		

DHMH 16 Rav 6/95

						Certificate d	of Death		Reg. No.		- 1070
ľ	Dhusia	la n	1. Decedent's Nama (First, Middle, La	st)		Н		2. Dala of De Month	afh Day	Yaar	3. Time of Death
	Physic /Medi		SIDNEY SHOCH	ET				JULY		1996	12:50 AM
À	Exami		4a. Facility Name (If not Institution, give	a street and number)			4b. City, Town, or	Location of Death	4c. County	of Death	
_		Ш	HOLY CROSS HOSP				SILVER			TGOME	
	Funeral Director		5. Social Security Number 6. S 215-07-2983 Usual Residence of Decedent	Sex 7. Age	81	thday) If Under 1 Ye Yrs. Montha Da		(Month, Da	th y, Year) , 1915	9. Birthp Coun MARY	elaca (State or Foreign etry) LAND
	/land		10a. State 10b. County		10c. City, Tow	n or Location				1	0d. Inside City Limits
	Men	tor	MARYLAND MONTGOM	ERY	CHEV	Y CHASE					1 ☐ Yes 2X No
	or 28	Director	10e. Street and Numbar		0.12	10f. Zip Cod	le		10g. Citizen of	What Coun	itry?
	23a		4701 WILLARD AVE	, #1416		2081	.5		UNITED	STAT	'ES
020	n 72 hours effer death with the Meryland *natural; or liems 23s or 28s-f show edical Exerciner must be notified at	by Funeral	11. Marital Status 1 Never Married ZCXMarried 3 Widowed 4 Divorced	12. Was Decedant B Armed Forces? 1 Yes XX N If Yes, Give Year or Dates:		13. Was Decedant If Yas, apecify C	of Hispanic Origin? (S Cuban, Maxican, Puar No <i>Specify:</i>	Specify Yes or No to Rican, alc.)		e - Americ ck, Whita, V: WHIT	alc.
2-0	72 ho	ted	15. Decedent's E	ducation	16a	Decedent's Usual Oc	cupation	efelm e	16b. Kind of B		
21	5 2	Completed	(Specify only highest gra Elementary/Secondary (0-12)	College (1-4or 5	+)	life. DO NOT usa re	ne during most of wo tired)	nking			
121	0 0			5+	PF	IARMACIST			PHARMA		.CAL
Maryland 21215-0020	S E S	To Be	17. Father's Name (First, Middla, Last SAMUEL SHOCHET				REBEC	me (First, Middle, CA VEIN			
	d H						AVE, #14		CVY CHASE, MD 20815		
Baltimore,			20a. Method of Disposition NEWBurial 2 ☐ Cremation 3 ☐	place)	Date 20c. Location -		- City or Town, State				
Ë	permit. Peges Department of Important: If is any injury or page.		to Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specific		JUDEA	AN MEMORIA	L GARDENS	7/30/96	OLNEY,	MARY	/LAND
Bal	permit. F Departme importan any injur		21. Signature of Funeral Service Lices	1800	w 550	22. Nama and Ad	561 561	/ L.E./L 1			
	20244		Laplen	Drose	MU		Y-GOLDBERG				ND 20852
			23a. Fartt Enter the disease, or com	plications thet caused one cause on each lin	the death. Do	not enter the mode et	dylin g, such a s berdla	d-opresipitationly-di	Leath Training	MICI LE	Approximate 2 4 Interval Between Onsal and Death
	Physician /Medical		Immediate Ceuse (Finel	Acai	01	, D,	1011111			1	2 Weeks
	Examiner	Examiner	disease or condition reaulting in death)	e. 113P1	10/1/	ON PX consequence of): AC //	reumi	7119		1	2 Wills
				CPR	EB V	At 11	I FARC	TINN			1979
	icate be axecuted physician and s the buriel-transit		Sequentially list conditions,			consequence of):					
90	e axe sian a uriel-		Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or Injury							i	
68760,	ohysic the b	edical	that initiated events resulting in death) Last			-					
9 x	leeth certificate be axecuted attending physician and I for use es the buriel-transit	≥		d							
Вох	deeth c e attenc ed for us	Physician/				_					
o.	e the	ysk	Part II. Other significant conditions of	ontributing to death bu	t not resulting in	n Iha underlying cause	given in Pert I.				the cause of death?
٥.								10	Y 88 2 30 No	3 Prot	bably 4 Unknown
Records,	requires sen sigr hould be	ed by						24a, Was	an autopsy	24b. We	ere autopsy findings
000	20 00	olete						perfo	rmed?	col	allable prior to mpletion of cause death?
	0 - 0	Completed						10	Yes 2 No		Yes 2□ No
Vital	ician: The	Bec	25. Wes case referred to medical				26. Plece of De	ath (Check only o			
of V	5 00	ToE	examiner? 1 ☐ Yes 2 No	Hospital: Inpatier	nt 2□ER/Oι	utpatient 3□ DOA	Other:	Home 5 ☐ Resk		er (Specify	y)
no	ng Ph fter th ineral		27. Menner of Death 1. Natural 5 □ Pending	28a. Date of Injur (Month, Dey		Time of 28c. I	njury at Work?	28d. Describe I	now Injury occur	red	
Sio	Attending or death.	catl	2 Accident investigation			М	1 ☐ Yes 2 ☐ No				
Division	i or Attending P ster death. Director: After t d in by the funer	Certification:	3 Sulcida 6 Could not b	28e. Placa of Inju building, etc	ry - At home, fa . (Specify)	rm, street, factory, offi	ca	28f. Location (S City or Tox		er or Rura	il Routa Number,
	To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funer									-	
	To the Hospital within 24 hours To the Funeral completely filled	edical	29a. Certifier 1 Certifying Ph (Check only one) 2 Madical Exam	yalcian: To the best on liner: On the basis of	examination an	, death occurred at the d/or investigation, in m	e time, date and plac ry opini <i>on</i> , death occ	e, and due to the urred at the time,	cause(s) and ma date and placa,	anner as st and due to	ated. tha cause(s)
	ithin ithe on the omple	Mec	29b. Signature and title of certifier	manner sta	_	29c. Lic	ense number		29d. Dala şigne	d (Month.	Day, Year)
	F 3 F 8		· 1/1/1/	Truch	BN	7) 1	10242		7/20	1/21	5
	10		20 Name and address	very or	V/	Come Balan			,,-,	^	
			30. Name and address of person who Monton W.	completed/cause of de	eath (Item 23e)	(Type, Print) (Type, Print)	Pooks	Hill Re	od B	rete	mel.
	Sta	ite	31. Dete filed (Month, Day, Year)	32 Registra							
	Registr		JUL 3 0 1996	Jula Da	vidson B	ndette					
			1000	U							

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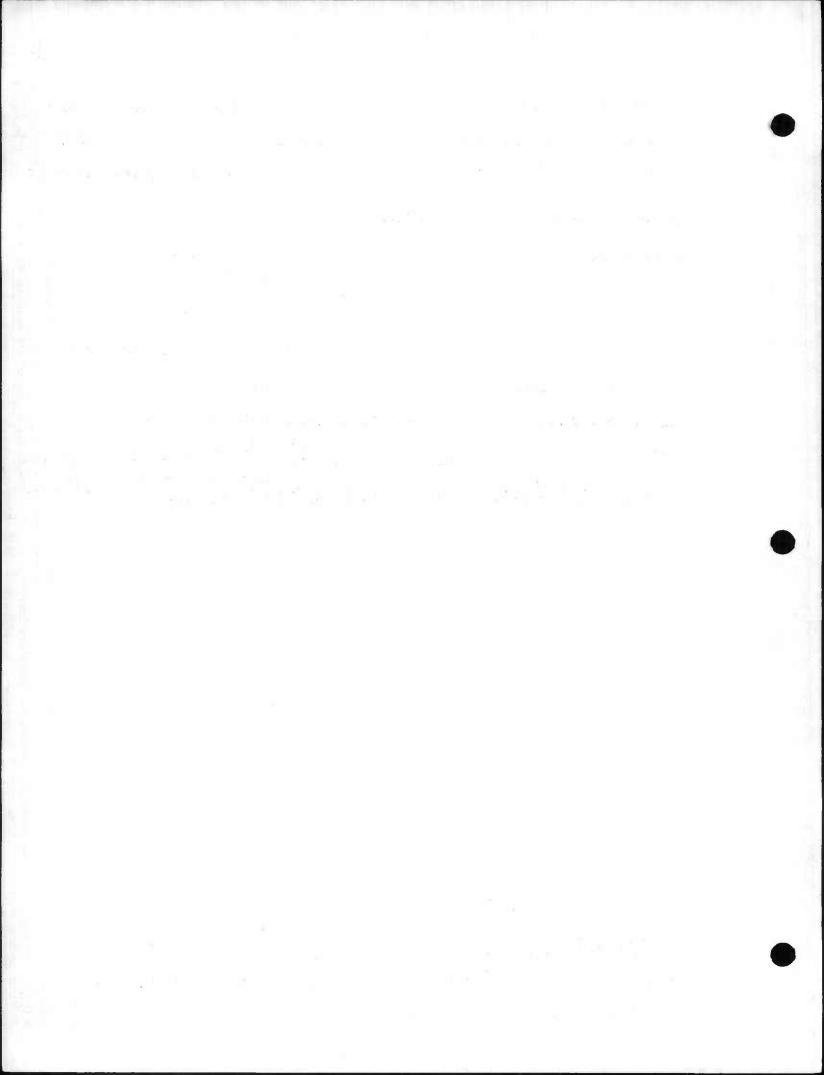
State of Maryland / Department of Health and Mental Hygiene 96

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	Physici /Media	an	
	Examir	ner	48
	Funerai Director	tor	5. 5 10 10 10 2
5-0020	permit. Peges 1 end 2 should be filed within 72 hours after death with the Maryland Department of Heelth and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examinat must be notified at ance.	To Be Completed by Funeral Director	10 2
/land 2121	uld be filed within Mental Hygiene. rked other than filc event, the Me	ro Be Compi	17
Baltimore, Maryland 21215-0020	permit. Peges 1 and 2 should be filed within Department of Heelth and Mental Hygiene. Important: If item 27 is marked other than any injury or other traumatic event, the Mance.		1! I
Baltin	pemit. Popartme important any injury once.		2
			2
	Physician /Medical Examiner	Je.	In di ra
Division of Vital Records, P.O. Box 68760,	To the Hospital or Attanding Physician: The law requires thet the death certificate be executed within 24 hours after death. To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the bunal-transit	Medical Certification: To Be Completed by Physician/Medical Examiner	Si if Ci Ci th
P.O. Bo	d by the atten	Physician	Pa
cords,	w requires the search signer is should be d	leted by	
Vital Re	sician: The la certificate has irector, page 2	o Be Comp	25
vision of	• Attanding Phy or death. • octor: After this by the funeral c	tification: T	27
٥	To the Hospital or Attandit within 24 hours after death. To the Funeral Director: All completely filled in by the funeral completely filled in by the funeral completely filled in by the funeral completely filled in by the	edicai Cen	29
	To the To the	Σ	29

				$C\epsilon$	ertificat	e of	Death			Reg.	No.			
	1. Decedant's Nama (First, Midd	la, Last)							2. Data of D	eath			3. Tima o	of Death
ian	THOMAS MICHAE	L SCHAP							Month JULY	27	Day 19	Year Q.6	1:02	DM
cal	4a Escility Name (If not institutio	a site street and s	one form of				4h Cihi To	wm orla	ocation of Dea				1.02	FFI
ner	4a. Facility Nama (If not institutio	and the contract of						100	DOGUOTI OF DOG	101	4c. County			
	National Inst				W 1 1 - 1	1	Bethe If Undar		T				gomery	
	5. Social Sacurity Number	6. Sax 1X M 2 ☐ F	7. Aga (In yrs. last birthd		/ If Undar Months	Days	Hours	Min.	8. Data of B (Month, L	lirth Day, Ye	Year) 9. Birtl		rthplace (Stata or Foraign ountry)	
1	578-92-6040			36 Yrs.					Dec.	30,	1959	Washi	ngton	, DC
	Usual Rasidance of Decedent 10a. Stata 10b. County	,	100 08	10c. City, Town or Location									04 114- 6	Ma . I I . Ia .
-			121										10d. Insida C	
cto	Virginia Loudo	un	5	Sterling									T Tas	2 XNo
Sire	10e. Street and Number		10f. Zip Coda			Coda				10g.	Citizen of	What Cour	ntry?	
<u>a</u>	20497 Inwood Co	urt			20	165				Un	ited	State	es .	
ner	11. Maritai Status	12. Was Dec Armad F	edant Evar in U	,S. 13.	. Was Deced	ient of h	lispanic Or	Igin? (Sp	ecify Yas or N Rican, atc.)	10-		ce - Amaric	can Indian,	
E	1 ☐ Navar Married 2 🖾 Mar	rled 1 ☐ Yas	2 No		1 ☐ Yas		Specify:		riioari, ato./				atc,	
Be Completed by Funeral Director	3 ☐ Widowed 4 ☐ Divorced	If Yas, G Yaar or I			ILL Tas	ZOJ NO	эреспу.				Specif	Whit	:e	
ted	15. Decedar	it's Education		18a. Dece	edant's Usua	al Occup	etion	t of mod	laa	16b	. Kind of B	usinass/in	dustry	
Pe	Elementary/Secondary (0-12)	st grada complated)		lifa.	a kind of wo DO NOT us	sa retire	d)	it of work	u ig					
Ö		3	1-4or 5+) }	Cons	ulting	g En	ginee	r		Ma	nagem	ent (Consul	tants
e C	17. Fathar's Nama (First, Middla,	Last)					18. Moth	ar's Nam	a (First, Middl	la, Mai	dan Sumar	na)		
ToB	Louis R.	Schap						Sus	an McC	aw				
-	19a. Informent's Neme/Ralations			19b. Mel	ling Address	(Street	and Numb	er or Rur	al Routa Num	ber, Ci	ty or Town	, Stata, Zip	Code)	
	Lisa M. Schap/	Wife		2049	7 Inwo	ood	Court	, St	erling	, V	A 20	165		
	20a. Method of Disposition		20b. F	Pleca of Disp	osition (Nan	na of	1	70	Date	200	. Location	- City or To	own, Stata	
	tX Burial 2 ☐ Cremation		Stata	ematary, cra	amatory or o	thar pia	ce) Jul	у 10	, ^{Date} 996	0.1	1	C		1
	4 ☐ Donation 5 ☐ Other (S 21/Signature of Funeral Service		Gat	e of					A	_		-	ng,Mar	-
	21 Signature of Portarial Salvice			R	etheso	la-C	hevv	y Kob Chas	ert A.	Pu	mpnre 7557	Wisco	onsin	Ave.
	Thickele	Diella	M003	348 B	ethes	la,	Mary1	and	e Inc 20814	-35	01			
	23a. Part1. Entar the disaasa, or shock, or haart fallura. List	complications that only ona causa on	ceusad tha daat aach lina.	h. Do not ar	ntar tha mod	a ol dyir	ng, such as	cardiac	or raspiratory	arrest,			Approxima Intarval Be	ta tween
			Onset and Death									Death		
	Immediata Causa (Final disease or condition rasulting In death) RESPIRATORY FAILURE Due to (or as a consequence of):													
<u>=</u>	b. NON HTODGKINS LYMPHOMA Sequentially list conditions, Dua to (or as a consequence of):									į				
Medical Examiner														
ũ	Sequentially list conditions, if any, laading to immediate causa. Enter Underlying Cause, [Disease or injury] PNEUMO THORAX—LEFT LUNG C								į					
lica	that initiated events rasulting in death) Last	С.	Dua to (o	r as a conse	quence of):							i		
Mec												I I		
		d					-					-		
Completed by Physician	Part II. Other significant condition	ons contributing to d	leath but not ras	ulting in tha	undartying c	ausa giv	an In Part	l.	23b. Di	d toba	cco uss co	ontributs t	o the cause	of death?
4 V	37 / A								15	Yss	2€ No	3 Pro	bably 4	Unknown
þ	_N/A													
8									24a. Wa	s an a	utopsy		ara autopsy allabla prior	
olet									po	,,,,,,,,,		CO	mpletion of death?	
E O									10	Yas	2 No	1	JYas 20	No
BeC	25. Wes cesa rafarred to medica	1					26 Place	of Doot	h (Check only	- 77				
ToB	exeminer? 1 ☐ Yas 2 ② No	Mosnital:	Inpetiant 2	ER/Outpatie	ent 3 DC	Oth	or:		oma 5□Ra		. e 🗆 🗠	nas (Canadi	5.0	
Ë	27. Magnar of Death	28a. Date	of Injury	28b. Tima		8c. Injui Wo			28d. Describe				<i>y</i>)	
tion	1 Detural 5 Pandir 2 Accident Invasti	- 34	nth, Day Year)	Injury	М		rk? Yas 2 □	No						
fica	3 ☐ Sulcida 6 ☐ Could	not be	e of Injury - At he	oma. farm. s	treat factors	offica			28f. Location	(Stree	t end Numi	ber or Run	al Routa Nur	n <i>ber.</i>
er.	4 Homicida		ing, atc. (Specif		,	,			City or T	own, S	tete)			
C	29a. Cartifier 11X Cartifyin	ng Physician: To the	a hast of my kno	wladga daa	th occurred	et the tir	ne dete er	d place	and due to th	a caus	e(s) and m	annar as s	tated	
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	Dellano	11	.)			<u> </u>	_	VA	1/12/	1	7 0	7.0	2/	
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	31. Deta filed (Month, Day, Year)	N SEV	ノヘヒ Registrar's Signa	w	1 90	00 F	KUCK V I	LLLE	PIKE,	BEI	HESDA	A, MA	KYLANI	2089
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State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

21,072

			Cei	uncat	COI	Death			Reg. No.			
ian	1. Decedent's Neme (First, Middle, Last,)			_	¥ 1		2. Data of De Month	ath Dey	Year	3. Time of Death	
ical	Chester C Slama	street and number)				4h City To	wn or1	July 2		of Death	10:30AM	
ner	10405 Holbrook Dr	7 - 09/00-1						oution of book				
	5. Social Security Number 6. Sec		rs. last birthday)	If Undar		Poto:	24 Hrs.	8. Dete of Bir	th	gomer 9. Birth	y plece (Stata or Foraign ntry)	
	506-24-9891	XM 2□ F 68	Yrs.	Months	Deys	Hours	Min.	Nov. 2	y, Year) 7, 1927		raska	
	Usual Residence of Decedent		City, Town or Lo									
-	10a. Stete 10b. County	Tod. County Toc. City								1	10d. Inside City Limits 1 ☐ Yes 2 ☑ No	
Director	Maryland Montgome:	ry Pc	tomac								41	
ă	104. Street end redinger		10f. Zip Code					10g. Citizen of What Country?				
Funeral	10405 Holbrook Dr.	LVC 12. Was Decedent Ever in	1 U.S. 13. V	208			4 Hispenic Origin? (Specify Yas or No pan, Mexican, Puerto Rican, etc.)			United States 14. Reca - Amarican Indian,		
Fun	1 Navar Married 2 Merried	Armed Forcas? 1 ☐Yes 2 ☐ No If Yes, Give Wor				an, Mexica	, Puerto	Rican, etc.)	Bie	eck, White, etc.		
þ	3 ☐ Widowed 4 ☐ Divorced	If Yès, Give Yaar or Datas: Wall	ld 1	1□ Yes	2 1 No	Specify.			Specif	w. Whi	.te	
Be Completed by	15. Decedent's Edu (Specify only highest grade	cation	18a. Deced (Give	lent's Usue kind of wo	el Occup	ation during mos	t of work	ina	16b. Kind of B	usiness/in	dustry	
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P	Jacob Slama 19e. Informant's Name/Reletionship (Ty	roe. Print)	19b. Maillo	o Addrass	(Street		a For		er, City or Town	State 7ir	Code)	
	Donna M. Slama/Wife								c, Mary		20854	
	20a. Mathod of Disposition	201	. Piece of Dispos	sition (Ner	na of		T	Date	20c. Location			
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	21. Signeture of Furjerel Service Licensee 22. Name and Address of Facility Robert A. Pumphrey Funeral Home/											
	1 1 1 1 1 1 1	eMa MOC	Roo	ckvil	le,	Inc. Mary	300	West 1 20850	Montgom	ery A	venue	
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ı	Onsat and Death											
ı	Immediete Cause (Finel disease or condition rasulting in death) e. Metastatic Colon Cancer											
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	Sequentially list conditions, if any, leading to immediate cause. Entar I India Property list.									ì		
Exa	if eny, leeding to Immediate	Dua (t		uence of):								
ical Exa	Sequentielly list conditions, if eny, leeding to Immediate cause. Entar Underlying Cause (Disease or Injury that Initiated events),	(or es e consequ	·								
Medical Examiner		Due to	o (or es e consequ	·							11.8	
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615 West Montgomery Avenue, Rockville, Maryland

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Physic /Med Exam

Funera Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiena. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examination and injuried and other.

Physician /Medical Examiner

within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the bunal-transit To the Hospital or Attanding Physician: The law requiras that the death certificate be axecuted Division of Vital Records, P.O. Box 68760,

Baltimore, Maryland 21215-0020

Douglas R. Shumaker, M.D.
31. Dete filed (Month, Dey, Year)
32. Reg State JUL 30 Registrar

32. Registrar's Signeture

DHMH 16 Rev 6/95

Pages 1, 2, 3 should

permit.

BALTIMORE, MARYLAND 21215-0020

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R ATTENDING PHYSICIAN: The law requires	RECTOR: After this certificate has been sign ors after death with the State Dept. of Heal
. OR ATTENDING PHYSICIAN: The law requires that the death certificals be executed with the hours after death. Page 6	DIRECTOR: After this certificate has been signed by the attending physiciant and completely liked in by the funeral director hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremistion, or remnet.

HOSPITAL (FUNERAL I within 72 h

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296. SIGNATURE AND TITLE OF CERTIFIER

P. TALWAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760

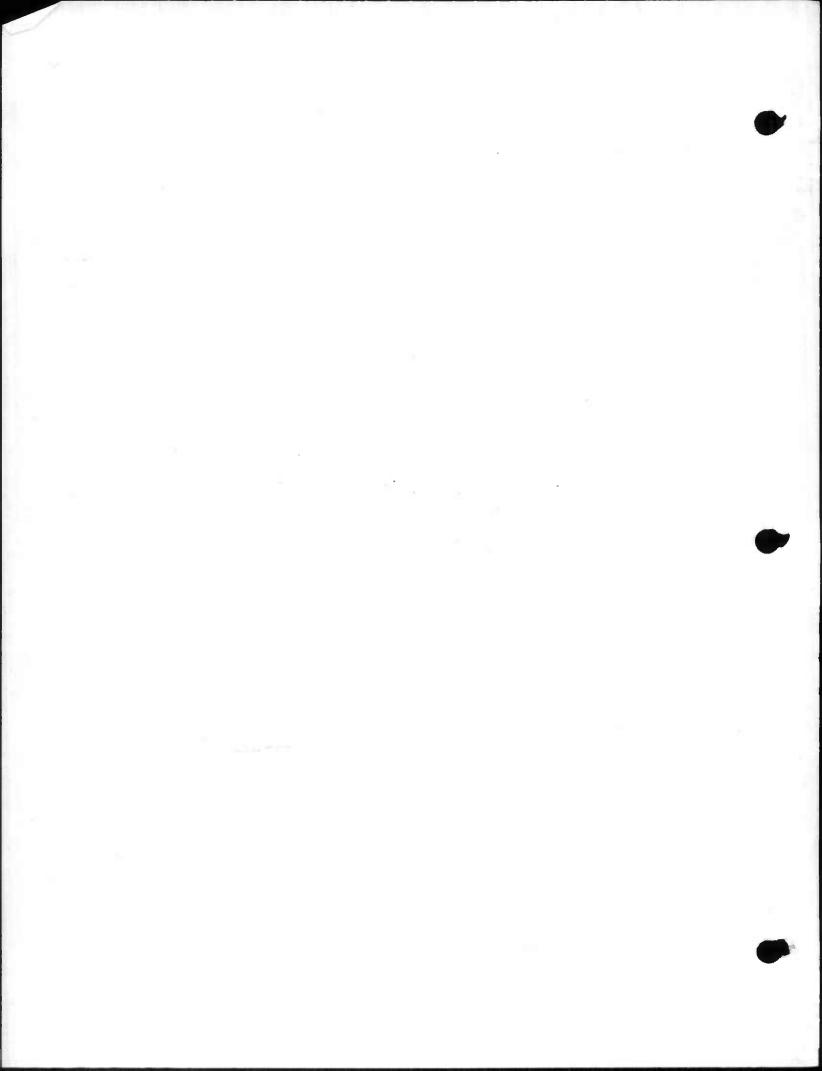
96 24073 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH BEATRICE Miller SILVERMAN 1996 25 11-00 AM プレレア 7. DATE OF BIRTIN (Month, Day, Year) DEC 16, 1911 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 WF 578-07-0827 84 CONNECTICUT 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR HEBREW HOME OF GREATER WASHINGTON ROCKVILLE MONTGOMERY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND MONTGOMERY ROCKILLE 1 YES 2XX NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6121 MONTROSE ROAD 20852 UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES AND IF YES, GIVE WAR OR DATES AND IF YES, GIVE WAR OR DATES AND IN YES. 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No- RACE — American Indian, Black, White, etc. II yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 4 YNO Specify: 1 Never Married 2 Married BY 3 Widowed XX Divorced Specify: WHITE ETED | 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only h Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 4 HOMEMAKER OWN HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ MORRIS MILLER BE IDA LISS notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MARLENE KOSSOFF (DAUGHTER) 10113 SORREL AVE., POTOMAC, MARYLAND 20854 2 20s. METHOD OF DISPOSITION
XX Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must JUDEAN MEMORIAL GDNS 7/26/96 4 Donation 5 Other (Specify) OLNEY, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DANZANSKY-GOLDBERG MEMORIAL CHAPELS 1170 ROCKVILLE PIKE, ROCKVILLE, MD 20852 medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List pnly one ceuse on each line Interval Betwe Onset and Death IMMEDIATE CAUSE (Final disease or condition _____ CEREBRO VASCULAR ACCIDENT 2 MONTHS DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST 9 PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? shows any 1 TYES 2 TO NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO VINCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item HOSPITAL: 1 TES 2 NO OTHER:
4 Nursing Nome 5 Residence 6 Other (Specify) 1 Inpetient 2 ER/Outpetient 3 DOA 27. MANNER OF DEATH 28b, TIME OF 28a. DATE OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked. 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY — Al home, farm, street, lactory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only one) = TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

P. Taliman, M.D D 36552 DJULY 25 1996 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MONTROSE POAD. , 6121 ROCKVILLE MD. 20852

29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year)



State of Maryland / Department of Health and Mental Hygiene 24074 Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death Month Day **Physician** 28, 1996 6:27 p.m Η. Stott, Jr. July Leon /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 3011 Windsor Avenue Baltimore If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Day, Year)

Wonths Days Hours Min. June 10, 1939 5. Social Sacurity Number 7. Aga (In yrs. last birthdey) 9. Birthplaca (Stete or Foreign **Funeral** Months MM 20 F Country) Maryland 215-36-4805 57 Yrs. Director Usual Residence of Decedent the Marylend 10a. State 10b. County 10c. City. Town or Location 10d. Insida City Limits 28a-f show ed other than "natural", or items 23a or 28a-f show event, the Medical Examiner mast be notified at MD Baltimore 1 □XYes 2 □ No Director 10e. Street end Number 10f. Zip Code pemit. Pages 1 and 2 should be filed within 72 hours efter death with the Department of Health and Mental Hygiene.
Important: If item 27 is marked other than "natural", or items 23a or 2 and hyding or other traumatic event, the Medical Examinat must be not once. 10g. Citizen of What Country? 3011 Windsor Avenue 21216 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Dacedent of Hispanic Origin? (Specify Yas or No-it Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Yes 2 X No If Yas, Giva Year or Dates: 1 ☐ Nevar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2X No Black þ Specify: 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Roofer 9th Construction Co. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Be Charlotte Herbert Leon H. Stott, Sr. 2 19a. Informant's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Barbara Jean Samuels (Friend) 3011 Windsor Ave., Baltimore, MD 21216 20b. Placa of Disposition (Name of cametery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 XCramation 3 ☐ Removal from State Metropolitan Crematory 8/1 Alexandria, VA 4 Donation 5 Other (Specify) 21. Signaldra of Funeral Servica Lican 22. Nama and Addrass of Facility
SNOWDEN FUNERAL HOME, P.A. 20850 ROCKVILLE, MD 23a. Part1. Enter the digrase, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart tally re. List only one cause on each line. Approximate interval Between Onset and Death **Physician** /Medical Immediete Cause (Final disease or condition resulting in death) Examiner Examiner Hospital or Attending Physician: The law requires that the death certificate be executed Sequentielly list conditions, if any, leading to Immediate cause. Entar Underlying Cause (Disease or Injury that initielad events resulting in death) Last and physician the burial Box 68760. Physician/Medical Due to (or as a consequenca of) Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. the 23b. Did tobacco use contribute to the cause of death? signed by t 21200 3 Probably 4 Unknown 1 Yas þ 24a. Was an eutopsy performed? 24b. Were autopsy tindings available prior to complation of cause of death? Completed peed 1 Yes 25 No certificate 25. Was cese reterred to medical exeminer? Be 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 1 Yes 20 No Certification: To 5 Residenca 6 □Other (Specify) 1 Inpatient 2 ER/Outpetient 3 DOA this 27. Manner of Deeth 28a. Date of Injury (Month, Day Year) 28b. Time of 26d. Describe how injury occurred Aftar Netural Injury 5 Pending 1 ☐ Yes 2 ☐ No Investigation Director: / 2 Accident 6 Could not be determined 3 ☐ Suicida 28f. Location (Straet and Number or Rurel Routa Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide A 24 hour. the Funeral Dire Descritifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

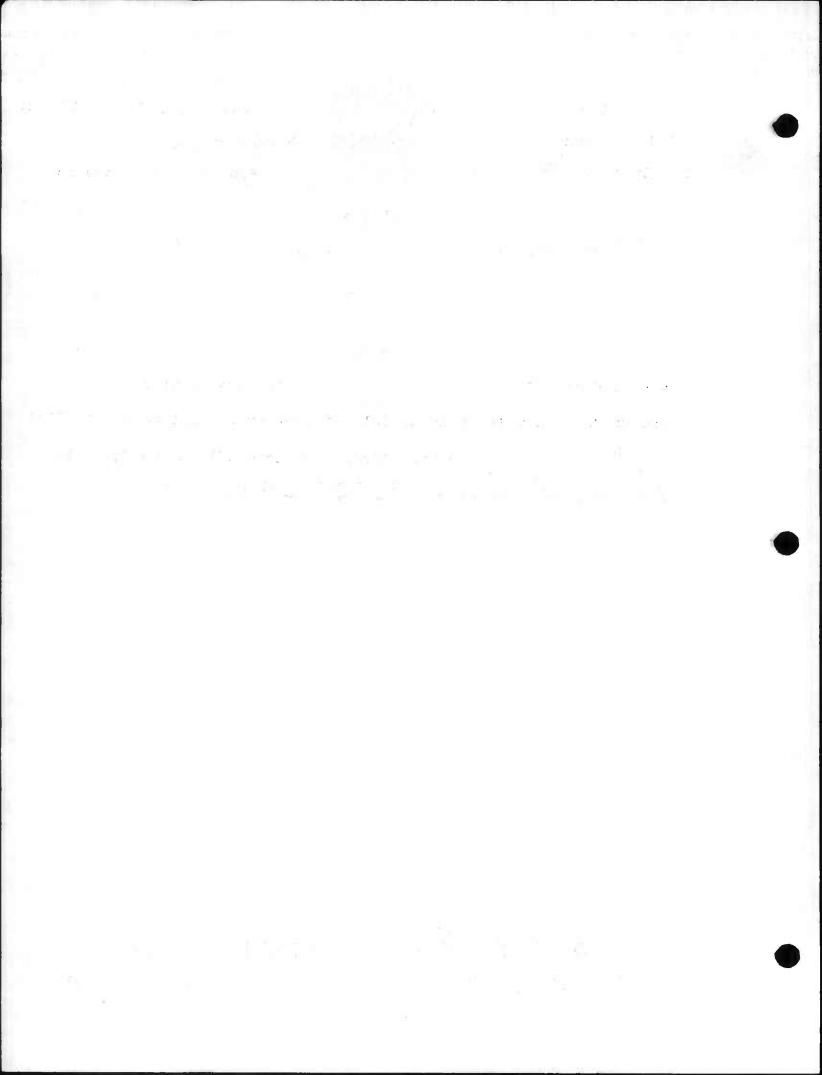
2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, end due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) within 2 To the g g 29b. Signature and title of certifiar 29c. License number 29d. Date signed (Month, Qay, Year) 0 30. Name and eddress of person who completed cause of 2. Registrer's Signeture 31. Date tiled (Month, Dey, Yeer)

State Registrar

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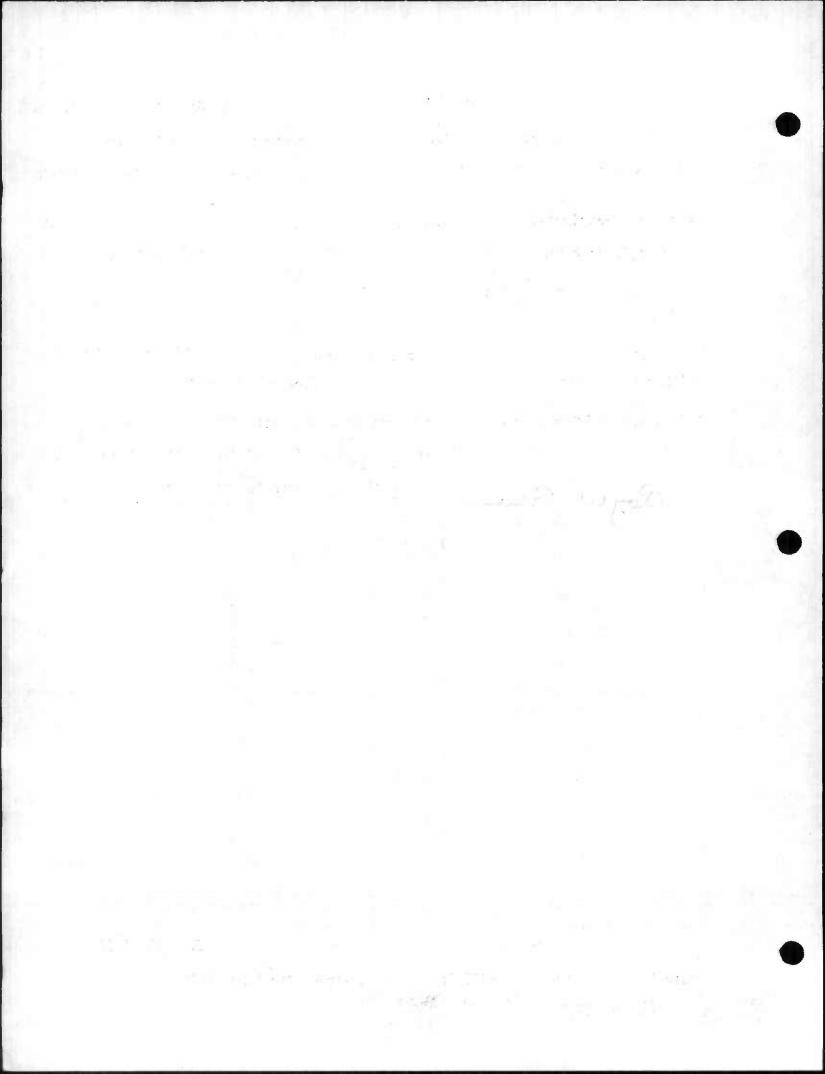
32. Registrer's Signeture

Davidson—Rendest



State of Maryland / Department of Health and Mental Hygiene 0.0

_						Certificate of			Reg. No.	0 4	140/3		
ı	Physic		1. Decedant's Nama <i>(First, Middla</i> IVA H		SHEARER			2. Dete of Da	ath 31, Day 1996	Year	3. Time of Death 8:10 AM		
	/Medi Examii		4a. Facility Nama (If not institution				4b. City, Town, or L	ocation of Deetl			AIII		
	200	ш	Fahrney-Keedy M			W Hadas & Vass	Boonsbor		Washin	-			
	Funeral Director		5. Social Sacurity Number 218 – 34 – 1302 Usual Rasidanca of Dacedant	6. Sax 7. Ag 1 □ M 2√ F	89	thday) if Undar 1 Yaar Months Days	If Under 24 Hrs. Hours Min.	8. Data of Bir (Month, De March 3	, 1907	9. Birthpl Count West	laca (Stata or Foraigr try) Virginia	n	
	yland		10a. Stata 10b. County		10c. City, Towr	or Location				10	0d. insida City Limits	>	
	Sa-f a	ctor	Maryland Washir	ngton	Boons	boro					1 Yas 2 No	>	
	with the	Dire	10e. Street and Number 8507 Mapleville	Pond		10f. Zip Coda 2171	2			zan of Whet Country?			
	me 23	Funeral Director	11. Maritai Status	12. Wes Decedant I	Ever in U,S.				United S	- Amarica			
21215-0020	permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Heelth and Mental Hyglene. Important: if Item 27 is marked other than "natural; or Items 23a or 28a-f show any Injury or other traumatic avent, the Medical Exercites must be notified at ance.	by	1 ☐ Never Married 2 ☐ Marrie	Armed Forcas? 1 Yes 2 Arm If Yas, Give A A Yaar or Datas:	ło	13. Was Decedant of if Yas, specify Cut		Rican, atc.)	Specify:	k, Whita, a	atc.		
5-0	72 ho netur	Completed	15. Decedant' (Specify only highest	's Education t grada complated)	16e.	Dacedant's Usual Occu (Giva kind of work dona	pation during most of work	rina	16b. Kind of Bu	siness/ind	iustry		
121	within ene. then	idua	Elementary/Secondary (0-12)	Coliaga (1-4or 5		lifa. DO NOT usa retire	ed)		Private	Heal	th Care		
	Hygid other	Be Co	17. Fathar's Nama (First, Middla, L		Pr	actical Nur	18. Mothar's Nam	a (First, Middla,			cii care	-	
Maryland	should be nd Mental markad o	ToB	Wilbur V. Hottin	ger			Florence	e V. Bra	ıdy				
Jan	12 sho and 1 is me raume	19a. informant's Name/Ralationship (Typa, Print) 19b. Mailing Addrass (Street end Numbar or											
	1 end Heelth em 27 ther tr		JOSEPH W. WOITO	rd / Son	20h Diago of	Lawrence [Disposition (Name of		kville,	, Marylar			_	
Baltimore,	tment of tant: If Ite		1 N Burial 2 □ Cramation 4 □ Donetion 5 □ Othar (Sp	pecify)	Flower	v. cramatory or other pla Hill Churc Brethren	ch of 8				,Maryland	1	
Bal	Depare Important In any Irr		21. Signatura of Funeral Sarvice L	Licensae		Muriel H.	. Barber F						
V.	Physiclan		23a, Part I, Enterthedisease, or o shock, or hear Abilura. List o	complications that causad only ona causa on aech iir	fha death. Do n	ot antar tha mode of dy	5038, La ing, such as cerdiac	ytonsvi or raspiratory a	lle, Mar	rylan	Approximata Intarvai Batween Onset and Death		
	/Medical Examiner		immediata Causa (Finei disaasa or condition rasulting in death) a. Cardi-c Amurc pumin										
		-e	rasuling in deality		Dua to (or as a c					i			
	orted d ansit	Examiner	Sequentially list conditions	b	Dua to (or as a c	able tent	Myoca	aday:	infanct	na	- min		
Ö,	e exec ian ar urial-tr		Sequentielly list conditions, if any, leeding to immadiata causa. Entar Underlying Causa (Disaasa or Injury			ins aller	the can	dinsa	en Dire	en	44		
09/89	rifficete be executed ng physician and set the burial-transit	Medical	that initiated avants rasulting in death) Last		Dua to (ores a co								
. Box	death cert e attendin d for use	Physician/		d								-	
J.	0 0 0	ysic	Part II. Other significant condition	ns contributing to death bu	t not rasulting in	tha undarlying cause gi	ven in Part I.				the cause of death?		
	requires that the der peen signed by the a hould be deteched f	by Pr	Chiniz of	Ameter Pa	lmanz	Diren		10	Yes 2 No	3 Prob	ably 4□Unknow	/n	
Hecords,	requii	Completed	-					24a. Was perfo	an autopsy rmed?	ava	ra autopsy findings ilable prior to nplation of cause leath?		
=	The ate h	Com						101	res 2 No	1 🗆	Yas 2□ No		
VII	Physician: this certific ral director,	Be	25. Was casa rafarrad to medical axaminar?	Hospital		100	26. Pieca of Deat						
=	5 5 0	5	1 ☐ Yas 2 ☑ 1No 27. Mannar of Death	Hospital: 1 ☐ Inpetiar 28a. Data of Injur		patient 3L DOA			dance 8 Otha)		
5	offing tth: : After e fune	tion	1 ☑Natural 5 ☐ Pending 2 ☐ Accidant invastige	(Month, Day		jury Wo	rk? Yas 2□No	200. Dascribe i	iow injury occurre	, a			
DIVISION	after dea Director I in by th	Certification:	3 Suicida 6 Could no 4 Homicide determin	28e. Place of inju building, etc	ry - At homa, fan (Specify)	m, straat, factory, office	11	28f. Location (5 City or Tox	Straat and Numbe vn, Steta)	or or Rural	Routa Number,		
	To the Hospital or Attanding Pr within 24 hours after death. To the Funeral Director: After the completely filled in by the funeral	edicai C	29a. Cartifiar (Check only one)	Physician: To the best of xaminer: On the basis of and mannar state	axamination end	daath occurred at tha ti /or invastigation, in my o	ma, date and place, opinion, daath occur	end dua to tha red at the time,	causa(s) and man dete and place, a	nnar as sta nd dua to	ated. the causa(s)		
	Vithin To the compl	Me	29b. Signature end titla of certifier		F	29c. Licens	sa number	17 1	29d. Date signed	(Month, D	lay, Year)	-	
)	(Znt MD		Di	D(80(9 JULY 31, 1996						
			30. Nema and address of person w Vasant Datta , M				own, Maryl	and 21	.740				
i	Sta Registra		31. Data filed (Month, Dey, Yaar) AUG 0 2 1990	6 B2 Raginta	ris Signaturan	dell					4		



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** Month Year -RANCES SWISHER PAINE Jul 1996 21 5:43PM /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Annapolis Anne Arundel Medical Center Anne Arundel 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 5. Social Security Number 6. Sex 8. Date of Birth (Month, Dey, Year) Birthplace (Stete or Foreign Country) **Funeral** Days 1□ M 2√ F 73 Yrs. 231-18-1111 Director Dec.1,1922 Virginia Usuel Rasidence of Decedent with the Maryland 10b. County 10a. State 10c. City, Town or Location 10d. Insida City Limits rai', or items 23a or 28a-f ahow Examiner must be notified at Queen Anne's Chester Maryland 1 Yes 2KNo Directo 10f. Zip Coda 10g. Citizen of What Country? 48 F 21619 Queen Guinevere Way U.S.A. pemit. Peges 1 and 2 should be filed within 72 hours after deeth v Department of Heelth and Mental Hydiene. Important: If item 27 is marked other than "natural", or items 23a and Injury or other traumatic event, the Modital Examiner mass and. Funeral 11. Meritel Stetus 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 1 □ Never Merried 2 □ Merried 1 ☐ Yes 2 ☐ No If Yes, Give X X Yaer or Detes: 1 ☐ Yes X2 ☑ No Specify: Specify: White þ 3 ₩idowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 18a. Decedent's Usuei Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondery (0-12) College (1-4or 5+) Homemaker 17. Fathar's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Be Percy Payne Helen Haynie 19a. Informant's Neme/Raietionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) William M. Swisher (Son) 402 Castle Marina Rd., Chester, Md. 21619 July 22, 1996 20b. Pleca of Disposition (Neme of cametery, crematory or other piece) 20a. Method of Disposition 1 ☐ Buriei 2 ☑ Stremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Chesapeake Cremation Cente, LLC; Chester, Md. 22. Neme end Address of Fecility Fellows, Helfenbein & Newnam Funeral Home, P.A. 106 Shamrock Rd., Chester, Md. 21619

23a. Parti. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

Approximate Approximeta tnterval Between Onset and Deeth **Physician** Immediete Cause (Final diseese or condition resulting in deeth) /Medical C.U.A. LEFT - THROMBOTTO Examiner Physician/Medical Examiner INDOLUINE CARDIN MERCIE TITEROSCIEROGIA The law requires that the deeth certificate be executed physician and s the buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in deeth) Last Due to (or as a consequence of) Box 68760. Dua to (or es a consequence of) ettending ph P.O. signed by the e Part it. Other significant conditions contributing to death but not resulting in the underlying causa given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown -ISPIRATION ans. Division of Vital Records. by been sign 24b. Were autopsy findings aveilable prior to completion of cause of death? 24e. Was an autopsy performed? certificate has b irector, page 2 s 1 Yes 2 HO 1 Tyes 2 No 25. Was case referred to medical examiner? B 26. Piace of Deeth (Check only one) Hospitel: 1 ☐ Impatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 JNo 2 this funerel 28a. Dete of Injury (Month, Day Year) 27. Manner of Death 28c. tnjury at Work? 28d. Describe how injury occurred Certification: 1 Neturei 5 Pending investigation s after death. 1 Yas 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Placa of tnjury - At homa, farm, street, fectory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) filled in by 4 Homlcide 6 within 24 hours a To the Funeral I completely filled Hospital 29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and pieca, and due to the cause(s) end manner as stated.

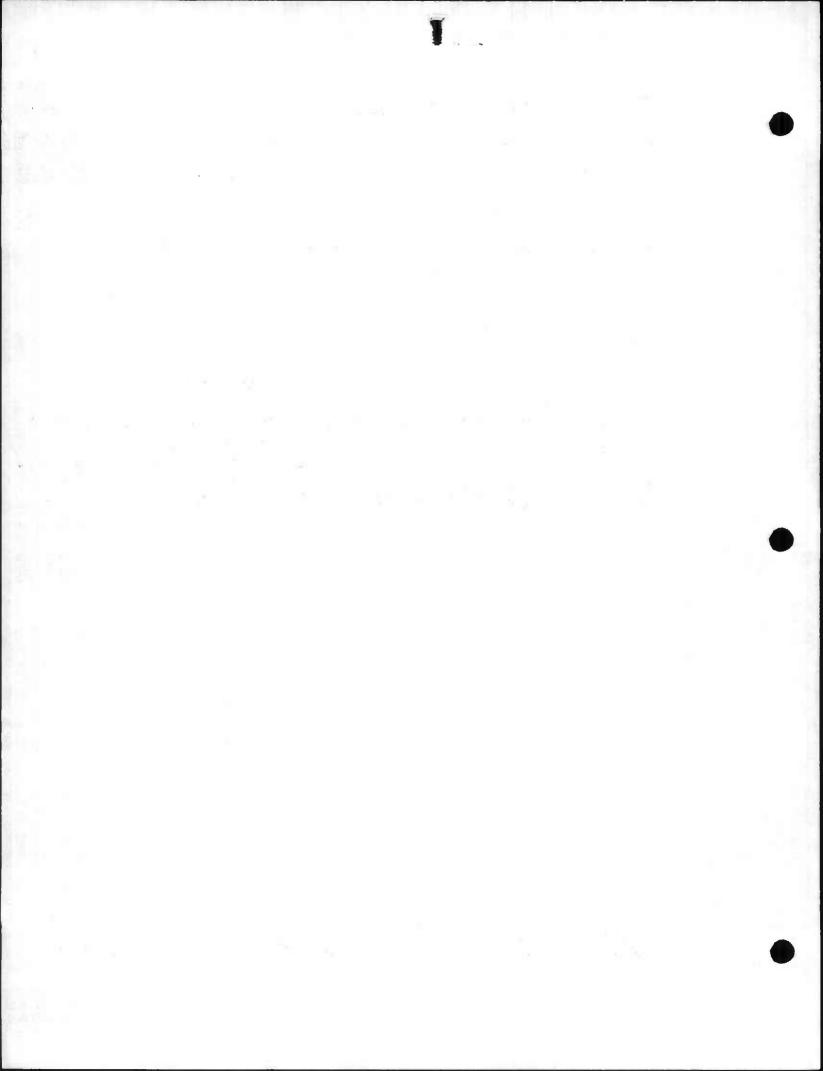
2 Medicat Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, dete and pieca, end due to the cause(s) end menner steted. (Check only one) 29b. Signeture end title of cartifier 29d. Date signed (Month, Dey, Year) 29c. License number 30. Neme end address of parson who completed druge of death (Item 23a) (Type, Print)

State Registrar

31. Date filed (Month, Dey, Year) 2 3 1996

32. Registrer's Signetura

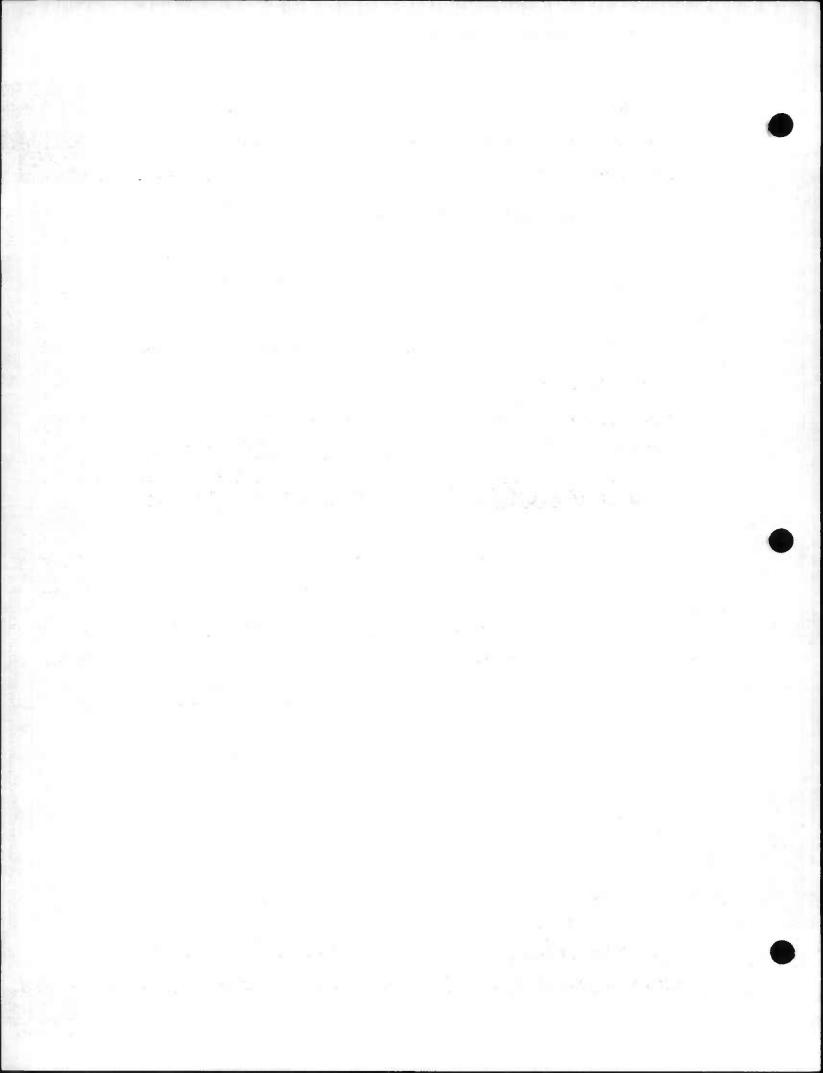
Julia Davidson-Randall



State of Maryland / Department of Health and Mental Hygiene 96 24077

					, iana i	-	ificate of	Death	Worka, Try	Reg. No.	0 6	24011	
	Dhyolo	20	Decedent's Nama (First, Middla, La	Year	3. Time of Death								
	Physic /Medi		James Richard	Suter					July	8,1996	1001	10:25 AM	
	Examir	ner	4a. Fecliity Neme (If not institution, give			_		4b. City, Town, o					
			Anne Arundel (If Under 1 Year	Annapo		Anne			
	Funeral Director			Sex 7. Aga (I	In yrs. last birti		Months Days		. (Month, Di	rth ay, Year) 7,1919	9. Birthp Cour Ma	place (State or Foraign ntry) ryland	
	hend was		10a. Stete 10b. County	1	0c. City, Town	or Loca	ation				1	10d. Insida City Limits	
	Mary	to	Md. Queen A	Anne's	Stev	ens	ville					1 Yas No	
	r 28e	Director	10e. Street and Number				10f. Zip Coda		T	10g. Citizen of What Country?			
	h wit	ai	210 Baltimore	Dr.			216	66		U.S.	Α.		
21215-0020	be filed within 72 hours after death with the Marylend nat Hyglene. d other than "natural", or itema 23a or 28a-f show event, the Medical Examinat must be nothed at	by Funeral	11. Meritei Stetus 1 □ Never Merried 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent Eve Armed Forcas? ↑ Yas 2 □ No if Yes, Give Yaar or Datas:	er in U,S.		as Decedanf of I Yas, specify Cub	Hispanic Origin? (an, Maxican, Pua Specify:	Specify Yes or Norto Rican, atc.)	o- 14. Rec Bia Specify	ck, Whita,	can Indien, atc. 7hite	
2-0	72 ho	Completed	15. Decedant's E (Specify only highast gro	ducation	16a.	Decede	nt's Usuai Occu	pation	orkina	16b. Kind of B	u siness/I n	dustry	
21	within ene. than "r	nple	Elementery/Secondery (0-12)	Coilega (1-4or 5+)				during most of w			1	71	
	Hygien ther th	Con	9		E	quı	pment	Operato				Electric	
and	d off	To Be	17. Father's Nama (First, Middle, Last) George R. Suter						ama (First, Middle	a, Maidan Suman	1a)		
Ž	it. Peges 1 and 2 should rtment of Heelth end Mer rtant: If Item 27 Is marke njury or other traumatic		George R. Suter Unknow 19a. fnformant'a Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Ri										
Maryiand			James C. Suter			_		and Number or F					
e,			20a. Mathod of Disposition	·			tion (Nama of story or other pla						
Baltimore,			M3Burial 2 □ Cramation 3 □ 4 □ Donation 5 □ Other (Special	(y)		awn	Memor	ial Par		Easto	n, M	ld. 21601	
Bal	Depa Impon		21. Signature of Funeral Service Licer		٨	22.1 N 1.0	ewnam 6 Sham	Funera.	Fellows L Home, L., Che	P.A. ster,	enbe Md.	21619	
	Physician		Newnam Funeral Home, P.A. 106 Shamrock Rd., Chester, Md. 21619 Approximate Interval Batweer Onset and Deet Typediate Cause (Finel.)										
	/Medical Examiner	Examiner	fmmediata Causa (Final disease or condition reaulting in death)	a. (0707	a to (or as a c	onseque	ence of):	DIJE	53		-	20 72	
	bet the			b. Sick	Inus		ymdr	one			i	3 7 11	
60,	filicate be executed og physician and as the buriel-transit		Sequantially list conditions, if any, laading to Immadiata causa. Entar Underlying Cause (Disaasa or injury	c. Chron	a to (or as a c	onseque	s much	ine Lu	Ne Di	124 C		20772	
68760,	g phys as the	Aedical	that initiated events resulting in death) Last Dua to (or as a consequence of):										
Box	endin r use	an/N		d. DE76	in to a	-				7,7			
	deat	sicia	Part II. Other significant conditions of	ontributing to death but n	ot rasuiting In	tha und	larlying causa gi	ven in Pert I.	23b. Dfd	23b. Dfd tobacco use contribute to the cause of death?			
s, P.O.	v requires that the death cei been signed by the attendir shouid be deteched for use	by Physician/							19	Yes 2□No	3 Pro	bebly 4 Unknown	
Records,		Completed								s an eutopay ormed?	av co	fara autopsy findings vailable prior to impletion of cause death?	
	The ate h	Com							10	Yes 2 No	1[☐ Yes 2☐ No	
<u> </u>	striffic artiffic actor,	Be	25. Was casa raferred to madical axaminar?					26. Placa of De	eath (Check only	one)			
7	Physicism: The le	L L	1 ☐ Yas 2 No	Hoapitai:	2 ☐ ER/Out	patient	3□ DOA Ot	har: 4□ Nursing	Home 5 ☐ Res	idence 6 DOth	ar (Specif	fy)	
Division of Vital	of Attending Physician: after death. Director: After this certification by the funeral director,	ation:	27. Manner of Death 1 Natural 5 Pending 2 Accident investigation		ear) 28b. Ti	ima of jury	28c. Inju Wo M 1 □	ryat rk?]Yas 2 □ No	28d. Dascribe	how Injury occur	ben		
DIVI	75-2	Certification:	3 ☐ Sulcida 6 ☐ Could not b determined	28a. Place of Injury building, atc. (3	- At homa, fan Specify)	m, stree	t, factory, office			(Street and Numb wn, Stata)	er or Rura	al Routa Number,	
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edical	29a. Certifier (Check only only) Medical Example (Check only only)	nysfcfan: To tha best of miner: On tha basia of axi	amination and	death o	occurred at tha ti stigation, in my	me, data and plac opinion, daath occ	a, and dua to tha curred at tha tima,	cause(s) and ma , data and place,	innar as a and dua to	atated. o the cause(s)	
	with To t	Σ	29b. Signature and fitia of certifier	(()			29c. Licens			29d. Dete signe		Day, Year)	
			H36078							7-8-	86		
			30. Nama and address of person who	complated causa of death	h (Itam 23a) (1	Type, Pr							
			STEVEN Fuller P	h.D. D.o.	900 K	Ect	ME RO	td, >41	te 300	Aniver.	ohe,	10415 dem	
	Sta Registr	te ar	31. Date filed (Month, Day, Year)	1996 32. Ragisters	Davidso	n-19	ndell			·	- 1		

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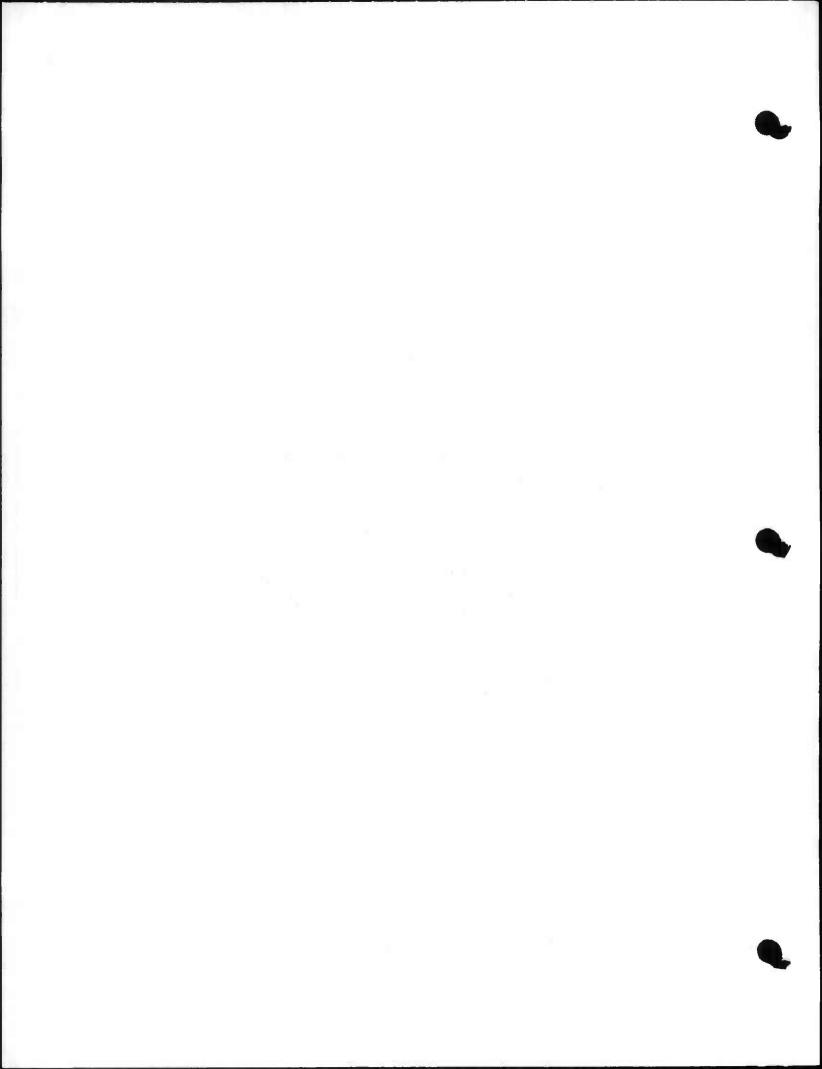


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FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO						
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH											
	CH.	ARLES D.	SNOWDEN			8:57 P. M						
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	SR.	R IF UNDER 24 HRS.	July 29.	1996	BIRTHPLACE (State or Foreign				
	188-30-4846	and the second s	88 YRS.	MONTHS DAY		July 6,19		Country)				
	Se. FACILITY NAME (If not institution, give s		00 1110.					lichigan				
~					N OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH				
0	William Hill Hea	Ith Care Cen	ter	Eastor	1		Talbo	t				
<u>ပ</u>	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	v	1.0.0									
E	1331 53311			r, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?				
۵	Maryland Talb	ot	Eas	ton				1 X YES 2 NO				
¥	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?				
ij.	501 Dutchmans Lan	e			21601		U.S.	Α.				
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED	13. WAS E	ECENDENT OF HISPAN	IC ORIGIN? (Specify Yes		. RACE - American Indian,				
BY F	1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE WAR OR D.	ATES X		specify Cuban, Maxican ES 2 NO Specify.			Black, White, atc.				
	3 M magmed 4 Divolced				Λ			Specify: White				
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a, DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF BUS	SINESS/INDUS	TRY				
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT us	vork done during e retired.)	most or working							
Ē	12	4+	Rector			Episco	pal Ch	urch				
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NAM	ME (First, Middle, Maiden						
BE COMPLETED	Chauncey Edgar Sn	owden			Ethel N	laude Durk	90					
8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	ot and Number or Rural R	loute Number, City or Tow	r. State Zin Co.	cial				
5	harles D. Snowden	Jr				essin, Del						
	20a METNOD OF DISPOSITION	T and						19707				
	20s. METHOD OF DISPOSITION 1 Surfai 2 Ormation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cametery, ca											
		ENCE	aprior Ci	enator	y Juit 30	uit 50,1996 Dover, Delaware						
	22. NAME AND ADDRESS OF FACILITY											
	Harrison E. Leonard Funeral Home 312 S. Talbot St. St. Michaels, Md. 21663											
	23. PART I. Enter the diseases, or o	complications that causes	the deeth. Do n	ot enter the i	node of dying, auch	as cerdiac or respi	ratory arrest	, Approximata				
J	shock, or heart failure.	List only one cause on a	ach lina.				,	Interval Between				
	IMMEDIATE CAUSE (Final disease or condition Septimental Septiments)											
	resulting in death)	CARDIO CO	COMMEQUENCE OF	1911		<u> </u>		1-62768				
	Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Planeton AS A COMSEQUENCE COP). CAUSE (Planeton AS A COMSEQUENCE COP).											
CERTIFICATION	Sequentially list conditions,	b. Courage	consecuents of	10me	LXIVON	ung						
F	if any, issding to immediata cause. Enter UNDERLYING	Theink	nel .	unde	· direco	1						
유	CAUSE (Disesse or injury	DUE TO JOB AS A	CONSEQUENCE OF		Cliseas							
Ē	that initiated events resulting in death) LAST	not to los va v	CONSEQUENCE OF	и								
H	C. House C. House C. C. C.	d										
	PART II. Other significant condition	a contributing to death b	ut not reaulting i	n the underly	ing cause given in I	Part I. 24e. WAS AN	AUTORSV	24b. WERE AUTOPSY FINDINGS				
EDICAL	Atherofeleros			,	g outdoor given in	PERFOR	MED?	AVAILABLE PRIOR TO				
0			/	17.		1 YES 2	XNO	COMPLETION OF CAUSE OF DEATH?				
2	Chronic obs	That I fee	morrang	aires	se			1 🗆 YES 2 🗀 NO				
ä	DID TOBACCO USE CONTI	RIBUTE TO CAUSE O	F DEATH YE	SX NO	☐ UNCERTAIN							
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEAT		10)							
S	1 TES 2X NO	1 Inpatient 2 I ER/Outp	etlant 3 🗆 DOA	OTHER: 4 Nursing H	ome 5 🗆 Realdence (Other (Specify)						
PHYSICIAN:	27. MANNER OF DEATN	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME		NJURY AT	28d. DESCRIBE NOW II	NJURY OCCUR	ED				
BY	1 Netural 5 Pending investigation	(1101111, 50), 1001)			YES 2 NO							
	3 Suicide & Could not be	28e. PLACE OF INJURY	- At home, term, s	treet, factory, of	fice	281. LOCATION (Street a	and Number or F	Rural Route Number,				
E I	4 Homicide determined	building, atc. (Spec	жу)			City or Town, State)						
COMPLETED	29e. CERTIFIER	= = 2 3 (6)	Para de la companya della companya d									
P	(Check only one)	CIAN: To the best of my knowl	ledge, death occurre	d at the time, d	rta and place, and due t	to the cause(a) and man	ner as atated.					
Ö	2 MEDICAL EXAMINE	R: On the basis of examination	n end/or investigation	n, in my opinion	, death occured at the 1	ime, data and place, and	d due to the ca	euse(s) and menner as stated.				
ш	29b. SIGNATURE AND TITLE OF CERTIFIES	1. 1. 1911			29c. LICENSE NUM	BER	29d. DATE SI	GNED (Month, Day, Year)				
œ	N	alla /No			17:	15999		7.30.96				
2	30. NAME AND ADDRESS OF PERSON WIN	COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type,	Print)		- 1-		1-10				
	Michael D. Cro				Factor	Momeland	91601	I				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN.	ATURE		. Easton,	waryland	21001					
		Lilia Kail	، ه									
	JUL 3 1 1996 Lika Davidson-Randsee											



State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Day **Physician** Month Year 26,1996 Satchell July MAE IRWIN 7:05 PM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Memorial Hospital at Easton Easton Talbot If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number If Undar 1 Yaar 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) Funeral 1 □ M 2 1 F Months Days Yrs. Director 212-18-5195 76 MARYLAND Usual Residence of Decedant the Maryland 10a State 10b. County 10c. City, Town or Location tem 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at 10d. Insida City Limits Director TALBOT EASTON MARYLAND ¶ Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 411 NORTH ST 21601 USA death 12. Was Decedant Evar in U,S. Armed Forces? 1 □ Yas 2 ☑No if Yes, Give Year or Datas: Was Decedent of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, etc. 11. Marital Status 1 □ Navar Married 2 □ Married 1 ☐ Yes 2 No Specify: þ 3 Widowed 4 □ Divorced Specify: WHITE 15. Decedent's Education (Specify only highast grade completed) 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) College (1-4or 5+) PRIVATE SITTER HEALTH CARE 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maidan Surname) HARRY IRWIN SADIE MURPHY 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Addrass (Streat and Number or Rural Routa Number, City or Town, State, Zip Code) DONNA J. KINNAN (DAUGHTER) 1609 EAST 56TH ST., SIOUX FALLS, SD 57103 20a. Mathod of Disposition 20b. Place of Disposition (Name of cematery, crematory or other place) Data 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from Stata 7/30 TILGHMAN, MARYLAND 4 ☐ Donation 5 ☐ Other (Specify) TILGHMAN CEMETERY 21. Signature of Funaral Sarvice Licensaa FELLOWS, HELFENBEIN & NEWNAM FUNERAL HOME 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. S. HARRISON ST., EASTON, MD 21601 Approximata Interval Betw Onset and D **Physician** /Medical Immediata Causa (Final disaasa or condition resulting in death) Examiner Due to (or as a consaguance of) attending physician and for use as the buriel-transit certificate be axecuted Sequentially list conditions, if any, laading to immediata cause. Enter Underlying Cause (Disease or injury that initiated evants resulting in daath) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of): Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. been signed by the s should be deteched 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown à 24b. Were autopsy findings available prior to complation of cause of death? Completed Chand and lyngther 24a. Was an autopsy performed? hes 1 Yas 22 No cartificate 1 Yas 212 No 25. Was case rafarrad to medical axaminer? Be 26. Place of Death (Check only one) 1 Yas 2 No Other: 4 Nursing Home 5 Residenca 8 Othar (Specify) ္ After this funeral 27. Manner of Daath 28a. Date of Injury (Month, Day Year) 28c. injury at Work? Certification: 28b. Time of 28d. Describe how injury occurred Attending 5 Pending investigation Natural deeth. 1 ☐ Yas 2 ☐ No Hospital or Attendi 24 hours attar deeth Funeral Director: A 2 Accident 3 Suicide 6 Could not be determined Placa of injury - At home, farm, street, factory, offica building, etc. (Spacify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital within 24 hours a To the Funeral D Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and mannar as stated.

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical 29b. Signature and title of cartifier 29c. License number 29d. Date sigged (Month, Day, Year) 30. Nama and address of person who completed causa of death (Item 23a) (Type, Print) MICHAEL LEES, MD 606 DUTCHMAN'S LN, EASTON, MD 21601

DHMH 16 Ray 6/95

State

Registrar

31. Date filed (Month, Day, Year)

32. Registrar's Signature

Julia Davidson-Randelle

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 24080

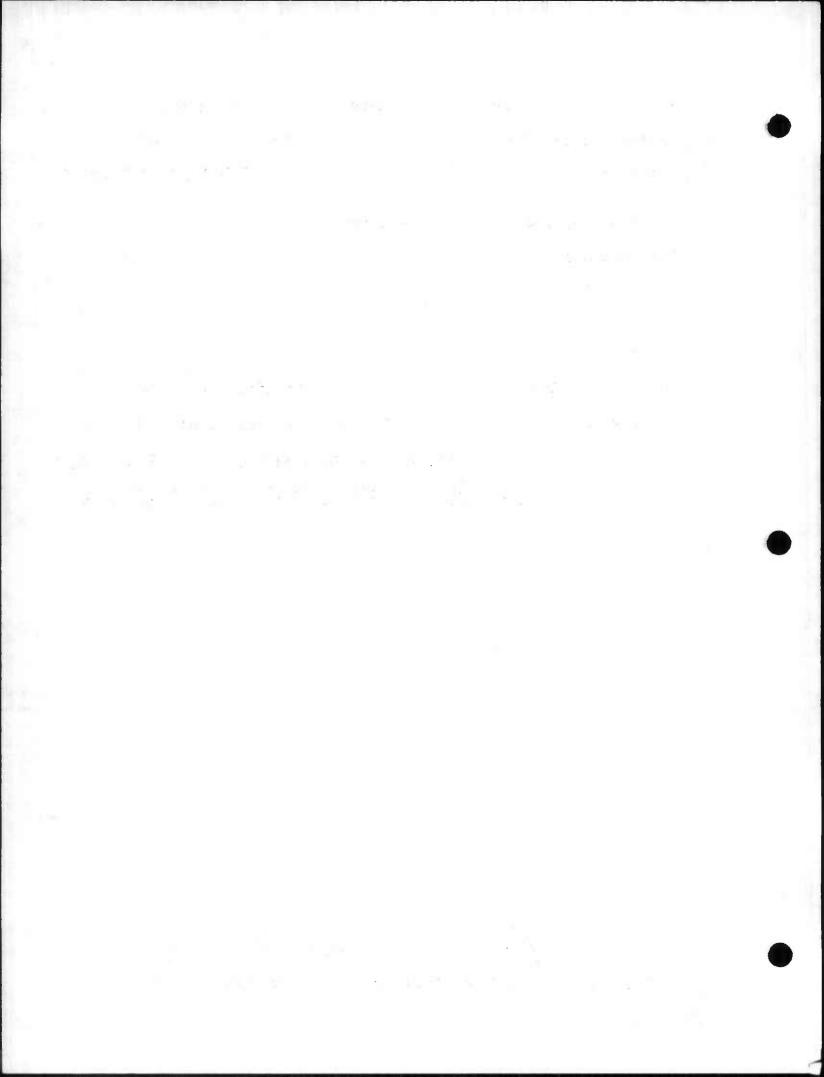
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	Physic /Medi		Dacedent's Nama (First, Middla, Last, ANNTE	MAE		S	TOVALL		2. Data of D Month JULY 3:		Yaar	3. Tima of Death 12:37 AM
	Exami		4a. Facility Nama (If not institution, giva PHYSICIANS MEMORIAL F	und and a second				4b. City, Too	wn, or Location of Dea			
	Funeral Director		219-30-002/	7. Aga	(In yrs. la	Yrs.	If Under 1 Yas Months Day		8. Data of 8 Min. Feb 20	irth (1935), 1935	9. Birthple Country Virg	ace (Stata or Foreigr ry) Sinia
Baltimore, Maryiand 21215-0020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Meryland Department of Health and Mentel Hygiene. Important: if item 27 is marked other than "natural", or items 28s or 28s4 show any lollury or other traumatic event, the Medical Examine traum be notified at 2008.	To Be Completed by Funeral Director	Usual Residence of Dacadant 10a. Stata 10b. County Maryland Charle 10e. Street and Number 3278 Greenwich 11. Marital Status 1 Navar Married 2 Married 3 Widowed 4 Divorced 15. Decedant's Edu (Spacify only highast grade Elamantary/Secondary (0-12) 17. Fathar's Nama (First, Middla, Last) Luey Wad 19a. Informant's Name/Relationship (Ty, Leroy Wade 20a. Mathod of Disposition 1 Burial 2 Cramation 3 R 4 Donation 5 Other (Specify)	var in U,S	Waldorf 10f. Zip Coda 10g. Citizen of What Country?							
	Physician /Medical Examiner	liner	23a. Part1. Enlar the disaasa, or complishock, or haart/lailura. List only or immediata Causa (Final disaasa or condition rasulting in daath)	cations that caused to a causa on aach line Cardio Diabet	1 4	Do not antar	P.O. If the mode of d	Box 56 lyling, such as		ta. MD	2064	Approximate interval Between Onset and Death
Box 68760,	law requires that the death certificate be executed es been signed by the ettending physician and . 2 should be detached for use as the burial-transit	lan/Medical Examiner	Sequantially list conditions, if any, leading to immadiata cause. Entar Undarlying Causa (Disaasa or injury that initiated avants rasulting in daath) Last	Aypert	Dua to (or as a consequence of): Dua to (or as a consequence of): North (stalling)						0	مدا الم
P.O.	quires that the dea on signed by the et uid be detached fo	ed by Physician/N	Part II. Other significant conditions con Blindness. Diabetie W	-		-	arlying causa	givan In Part I.	1 [Yee 25 No	3 ☐ Probe	the cause of death? ably 4 Unknow
II Reco	The law requir ate hes been s page 2 should	Completed		aprist		4				Yas 2 No	of de	ilabla prior to apletion of causa eath?
Division of Vital Records,	r Attending Physician: ter death. rector: After this certific. I by the funeral director,	Certification: To Be	25. Was casa rafarred to medical axaminar? 1 Yas 2 No 27. Mannar of Death 1 Notural 5 Panding Invastigation 3 Sulcida 6 Could not be datarmined	ospital: 1 Inpatian 28a. Data of injury (Month, Day 28a. Place of Injur building, atc.	Year) 2	R/Outpatient 28b. Tima of Injury na, farm, strea	28c. in W	Othar: 4 Nui jury at 'ork? Yas 2 1	No 28f. Location		red	
	To the Hospital o within 24 hours af To the Funeral Di completely filled in	edical	(Check only 2 Medical Examin	Ician: To the best of er: On the basis of a and mannar state	xaminatio	adga, daath o on and/or invas	stigation, in my	opinion, daat	d place, and dua to the h occurred at the time	, data and placa,	and dua to t	tha causa(e)
	with To I	N	29b. Signatura and titla of cartifiar	Sher		29c. Lica	nsa numbar		29d. Data signed (<i>Month</i> , <i>Day</i> , <i>Year</i>) 7/3 (/ 9/6			
			30. Nama and addrass of person who con	mplated causa of dea	th (Itam 2	23a) (Type, Pr	int)			4	1	

6 POST OFFICE ROAD #101 P.O. BOX 1437 WALDORF MD. 20604

32. Ragistrar's Signatura

State Registrar

NIRENDRA BHADURI MD 31. Data filed (Month, Day, Year) AUG 0 1 1996



	e or Print In I				•	-	e. 24081		
016	ato or ividiyidi		tificate o				24001		
Decedent's Name (First, Middle, Last)				, 2 0 0 11 1	2. Dete of Deeth	g. No.	3. Time of Death		
NELLINE	L. SNEE	CD.			Month JULY		9:15 AM		
4e. Facility Nama (If not Institution, giva straet		20		4b. City, Town, or L		4c. County of			
TERRELL MANOR NURSIN	IG HOME			HYATTSVII	LE	PRINCE	GEORGE		
5. Soclei Security Number 6. Sex 1 ☐ M 2	7. Aga (In yrs. 88	last birthdey) _ Yrs.	If Under 1 Ya Months Dey		8. Date of Birth (Month, Dey, MAR. 26	Year)	Birthpiace (State or Foreig Country) / IRGINIA		
Usuel Residence of Decedent 10a. State 10b. County	10c. Cit	ty, Town or Loc	cation				10d. Inside City Limits		
MD PRINCE CROPS	_						1 X Yes 2 No		
MD PRINCE GEORG	E HYA	ATTSVIL	LE 10f. Zip Code	9	10	g. Citizen of Whe	at Country?		
4922 LaSALLE ROAD			20782			U.S.A.	, 0001111,		
11. Meritel Status 12. We	as Decedent Ever in U		/es Decedent o	of Hispanic Origin? (Sp	ecity Yes or No-		American Indian,		
1 Never Merried 2 Married 1	med Forces? Yes 2X No	If	Yas, specify C	uban, Mexican, Puerto	Rican, etc.)		White, etc.		
	res, Giva - ner or Detes:	1	☐ Yes 21X N	lo Specify:		Specify:	BLACK		
15. Decedent's Education (Specify only highest grade comp	nleted)	18e. Deced	ent's Usuei Occ	cupetion ne during most of work	ring 1	6b. Kind of Busin	ness/Industry		
	ollege (1-4or 5+)	life. D	O NOT use ret	ired)					
	4	SCHO	OL TEAC	T		.C. GOVE	RNMENT		
17. Fether's Neme (First, Middla, Last)				18. Mothar's Nam	e (First, Middle, M	leiden Sumame)			
UNAVAILABLE				NELLINE					
19e. Informent's Neme/Reletionship <i>(Type, Pr.</i>		6935	33RD ST	REET, N.W.		-			
20e. Method of Disposition 1 Remove 4 Donetion 5 Other (Specify),	el from State	-	officer (Name of the section of the			UITLAND,			
21. Signeture of Funarel Service Ricensea	C 276	W	.H. BAC	dress of Fecility ON FUNERAL H STREET, N	HOME IN	С.			
23e. Pert1. Enter the discuss or complication shock, or heert feiture. List only one ceu-	s thet caused the deet se on eech line.	th. Do not ente	r the mode ot d	tylng, such es cardiec	or respiretory erre	st,	Approximate Interval Between Onsat and Deeth		
Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseasa or injury that initiated events resulting in deeth) Lest	DYSPHA Dua to (c	or es a consequence de la consequence del consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence del consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la conseque	uence of):						
							/		
Chr. N.C. Reval	ng to death but not res	culting in the un	derlying cause	givan in Pert I.	23b. Dld tot	. /	Bute to the cause of death □ Probably 4 □ Unknow		
ASP: RATIN P	Neumoni	ne			24a. Was an perform		24b. Were sutopsy findings available prior to completion of cause		
HYPOBL BUTIN	emi +	ANE	2.4.A		J□Ya	s 2110	of death? 1 ☐ Yas 2 ☐ No		
25. Wes case referred to marcal axaminer?	4.				to remark only one)			
1 Yes Hospite	1 L Inpatient 2 L	ÉR/Outpatient	3LI DOA		ome 5 Residar		(Specify)		
1 Neturei 5 Pending Investigation	. Dete of Injury (Month, Dey Year)	28b. Time of Injury		iury at Vork? Yes 2 No	28d. Describe how Injury occurred				
3 Sulcida 8 Could not be determined 28e	. Plece of Injury - At he building, etc. (Specif		et, factory, offic	×e .	28f. Location (Str. City or Town,	eat and Number (State)	or Rural Route Number,		
29e. Certifier (Check only one) Check only one) Physician: Check only one)	To the best of my kno the basis of exemine d menor alento.	wledge, deeth tion and/or inve	occurred at the estigation, in my	time, dete end plece, y opinion, deeth occur	and due to the car red at the time, de	use(s) and menne te and piece, and	er as stated. If due to the cause(s)		

29c. License number

D43442

29d. Date signed (Month, Day, Year)

Physician /Medical **Examiner**

permit. Peges 1 end 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mental Hygiene.
Important: If item 27 is marked other than *natural', or items 23a or 28a-f show any injury or other traumatic event, the Medical Exercise must be notified at once.

Baltimore, Maryland 21215-0020

29b. Signature and title of a

Director

Funeral

by

Completed

Be

2

Physician /Medical

Examiner

Funeral Director

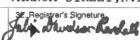
Be Completed by Physician/Medical Examiner To the Hospital or Attending Physician: The lew requires that the death certificate be executed within 24 hours effect death.

To the Funeral Director: After this certificate hes been signed by the ettending physician and completely filled in by the funeral director, page 2 should be detached for use as the burish-transit been signed by the ettending p should be detached for use es Medicai Certification: To

Division of Vital Records, P.O. Box 68760.

31. Dete filed (Month, Day, Year) State Registrar

30. Nema and address of person who completed cause of deeth (Item 23a) (Type, Print) CHARLES CELALI 1150 VARNUM STREET, N.E. WASHINGTON, D.C. 20017



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IMPORTANT

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29b. SIGNATURE AND TITLE OF CERTIFIER

ouresh

JUL 25

31. DATE FILED (Month

A.

1996

30. HAME AHD ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

7501

permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760

Page 6 may be retained by the hospital or attending physician.	director, page 5 should be detached for use as the burial-transit	
Death. Page	+ funeral	
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executed	and com	o burial,
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96 24082 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 0 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR BIRTHPLACE (State or Foreign Country) IF UNDER 24 HRS MONTHS DAYS HOURS 1 M 2 VF Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH INEVIEW NURSING & PEROB DIRECTOR INTON RESIDENCE OF DECEDENT 10a. STATE 10b. COURTY 18c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's Upper Marlboro XX YES 2 NO FUNERAL 10e. STREET AND HUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 14215 Rectory Lane United States 20772 11. MARITAL STATUS 12. WAS DECEDENT EVER IH U.S. ARMED 13. WAS DECEMBENT OF HISPAHIC ORIGIN? (Specify Yea or 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES yes, specify Cuban, Maxican, Puarto Rican, atc.) 1 Never Merried 2 Married Specify: White 3 Widowed 4 Divorced BY 1 TES 2 NO Specify: COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIHD OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) 12 Banking Assistant Nations Bank 17. FATHER'S HAME (First, Middle, Last) 18. MOTHER'S HAME (First, Middle, Maiden Surname) <u>John L. Garner</u> BE Agnes Lee 19a. IHFORMAHT'S HAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Donald Strine 14209 Rectory Lane Upper Marlboro Md. 20772 200 METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Re 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 4 Donation 5 Other (Specify) Resurrection 7/22/96 Cemetery Clinton Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. HAME AHD ADDRESS OF FACILITY Hobert Robert E. Evans Funeral Home, P.A. 16000 Annapolis Rd. Bowie Md. 20715 23. PART I. Enter the diseesea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel Onset and Death disease or condition Caranma 01 Breans 6413. reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL Anomia AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 1 NO OF DEATH? Malnuterton 1 YES 2 HO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER** HOSPITAL: OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 TYES 2 HO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 27. MAHHER OF DEATH 28a. DATE OF IHJURY 28b. TIME OF 28c. IHJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 K Hatural HJURY 1 YES 2 HO BY 2 Accident Investigation 28s. PLACE OF IHJURY — At home, ferm, street, fectory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29a, CERTIFIER 1 XCERTIFYING PHYSICIAH: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the b sals of examination end/or investigation, in my opinion, death occured at the fime, data end place, and due to the cause(s) and manner as stated.

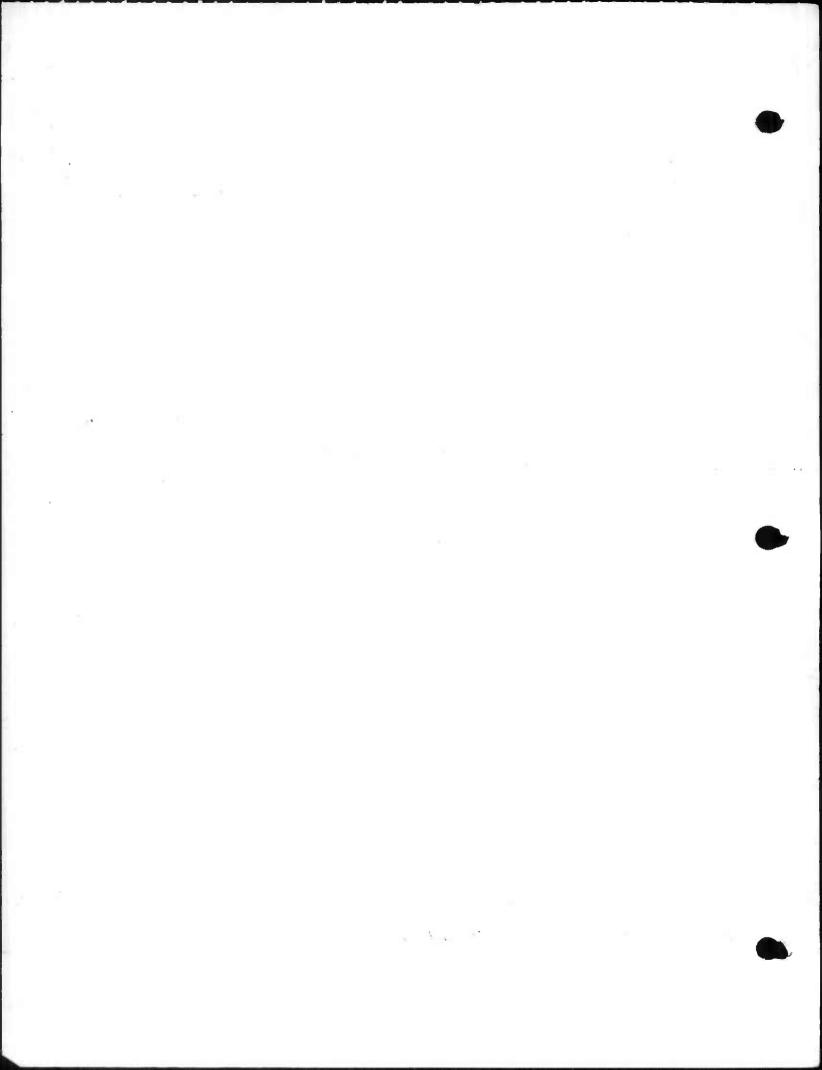
29c. LICEHSE NUMBER

Surratts Rd +# 302

D464

29d. DATE SIGHED (Month, Day, Year)

-19-96



State of Maryland / Department of Health and Mental Hygiene 96

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	Observat at	·	Decedent's Nerr		. ,		,									Dev	Veer	3. Ti	me of Death
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	Examir		4e. Facility Neme ((If not institutio	n, give stre	et end nu	um <i>ber)</i>					4b. City, To	own, or L	ocation of De	eth	eth 4c. County of Dea			
			Washing	ton Adv	entis	st Ho	spita	11				Takom	a Pa	rk		Mont	gomen	У	
	Funeral		5. Social Security	Number	8. Sex		7. Age (In	yrs. last bi	irthday)		r 1 Yeer		24 Hrs.	8. Dete of	Birth		9. Birth	olece (S	tete or Foreign
ш	Director		579-05-0	0492	13 K) M	2□ F		78	Yrs.	Months	Deys	Hours	Min.	Feb.	5 . Te	1918	Vir	zini	а
	70		Usuel Residence of	of Decedent														2	
	ylen		10a. Stete	10b. County	′		10	c. City, Tow	n or Lo	cation								10d. Insi	ide City Limits
	Mar	ţō	MD	Prince	Geoi	ge's	s F	lyatts	vil	le								1 X	Yes 2□No
	7 the		10e. Street end Nu							10f. Zij	o Code				10g.	Citizen of	of What Country?		
	3a o	0	5720 29	th Aver	nue					20	0782)			I	I.S.A			
	Seath	era	11. Maritel Status			Wes Dec	edent Ever	r in U,S.	13. V	Wes Decedent of Hispenic Origin? (Specify Yes or If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.)						-		can Indi	an,
_	ura after death with the Maryler al, or items 23s or 28s-f show Examiner must be notified at	by Funeral Director	1 ☐ Never Men	ried 2⊠ Mer	ried	Armed F	orces?							Ricen, etc.)		Bie	ck, White,	etc.	
22	o', o	by	3 🗆 Widowed	4 Divorced	1	If Yes, Gi	ive		1 ☐ Yes 2X3 No Specify:							Specif	y: Whit	te	
ŏ	n 72 hours after death with the Marylend *natural; or items 23s or 28=4 show edical Examiner must be nutified at	Be Completed		15. Deceder	nt's Educeti	on		168	. Deced	ent's Usu	al Occu	petion			16b	. Kind of B	-		
21215-0020	n n	plet	(Special Elementery/Second	cify only highe	st grade co		(Give kind of work done during most of working life. DO NOT use retired) U.S. State						ate I	epa	rtment				
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V.	Physician							^									i	Onset	end Deeth
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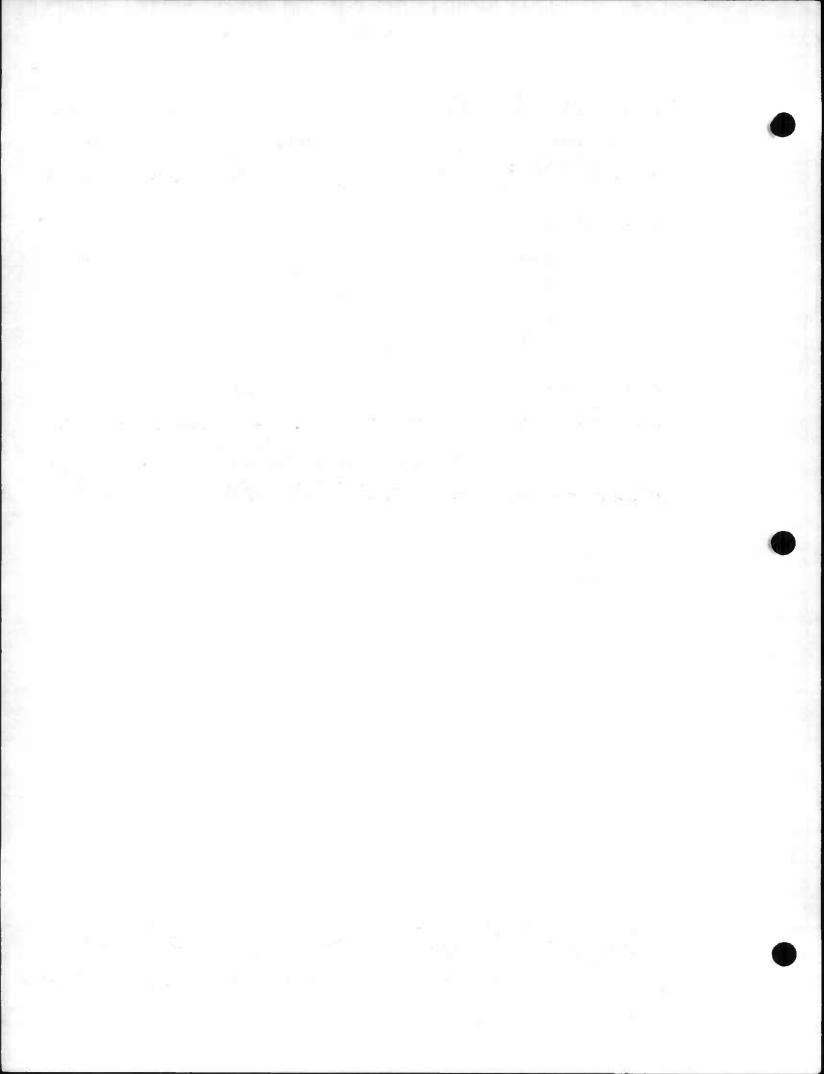
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4	- H	Director	MD. MONTGO	MERY	BE	THESDA					44
di di	6 8	ä				10f. Zip Code			10g. Citizen of	Whet Countr	ry?
the	23	Funeral		RY LA. #405		1	814			J.S.A.	
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N S	, o	by F	1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☒ Divorced	1 ☐ Yes 2 🖾 No if Yes, Give		1□ Yes 21 No	Specify:		Specif	y:	
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mit. Pages 1 ar	0 1		20a. Mathod of Disposition 1 □ Buriel 2 ☑ Cremetion 3	Removel from State	cemetery, c	position (Nema of remetory or other place	ce)	Dete	20c. Location -	City or Tow	m, Stete
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PI	nysiclan		shock, or neer railure. List only	y one cause on each line.							Intervel Between Onset and Death
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uted	dansit	Examiner	Commentally that was 100 as	0.	SCLER	1	- die 1	DISCRISE			1 EARS
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ficata be ax	ing physician and e as the buñal-transit	cai	Ceuse (Disease or injury that initieted events	C							
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that the death certificate be axecuted	by the stached	Physician/	Pert II. Other significent conditions	contributing to deeth but not re	sulting in the	underlying cause giv	en in Pert I.	23b. Did	/		the cause of death?
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The state	pag	ပ္ပ						1 🗆	Yes 2 No	10	Yes 2□ No
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ysko	O 0	ဂ္	1 ☐ Yes 2 ☑ No	Hospital: 1 Inpatient 2	☐ ER/Outpet	lent 3 DOA Oth	er: 4 Nursing	Home 5 ☐ Res	Idence 8 Oth	er (Specify)	
- 6	ter th		27. Menner of Deeth 1 □ Maturel 5 □ Pending	28e. Dete of Injury (Month, Dey Year)	28b. Time		y et	28d. Describe	how Injury occur	red	
Attending	death.	atic	1 Naturel 5 Pending 2 Accident Investigation		Hijary		Yes 2 □ No				
I or Attending	ecto by th	Iffic	3 ☐ Suicide 6 ☐ Could not to determined	286. Pieca of Injury - At	home, ferm,	street, factory, office			Street end Numb	er or Rural	Route Number,
5 5	o effe	Certification:	- LI HOMINIO	building, etc. (Spec	uy)			City of To	wn, Stete)		
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State of Maryland / Department of Health and Mental Hygiene

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	/Medic		4a. Facility Nama (If not Institution	~,	,			4b. City. Toy	vn, or Location	of Death	4c. County of	-	0020	
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-			5. Social Security Number		(In yrs. last bir	tholoul	If Undar 1 Yaar			ate of Risth	Mont	0		
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			Dr. Charles Ter	nen/Husband	77	712	Charlest	on Dr	ive, Be	thesd	la, Mary	land	20817	
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E	Pege ent ry or		1 ☐ Burial 2 🌠 Cramation 4 ☐ Donation 5 ☐ Other (S				y Cremat	_	-		ethesda	. Ms	rvland	
Baltimore,	pemit. Peges 1 an Department of Heel Important: If Item 2 eny Injury or other sncs.			111111111111111111111111111111111111111										
ã	Depa impo eny l		21. Signature of Funeral Service Licensee M00198 22. Nama and Addrass of Facility Robert A. Pumphrey Funeral Home/Chase, Inc. Bethesda, Maryland 20814-3501 23a. Parti. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, inflavel Between Chase inflavel Between Cha											
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Box	0 5 8	Physician/		0.										
	O OX	SICI	Part II. Other significant condition	one contributing to death but	t not resulting is	n tha uno	darlying cause gi	ven in Part I.		23b. Did tot	bacco use cont	ribute to	the cause of death?	
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-	12		30. Name and address of person	who completed cause of da	ath (Item 23a)	(Type, P	Plan	61.0	05	200	2-1-	6,	12010	
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Ammended	#	8. P.G.C. 8-5-96	CR		Certifica	ate of	Death	B	eg. No.				
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₩ % ₩	Director	10e. Street end Number			10f. 2	Zip Code		1	0g. Citizan of \	What Coun	try?		
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SiO endli eath. or: A	edicai Certification:	2 ☐ Accident investigation	M 1 Yes 2 140			Yes 2 14No	No						
Division of Vital Records, or Attending Physician: The law requires the after death. Director: After this certificate has been signed in by the funeral director, page 2 should be director.		3 ☐ Sulcida 6 ☐ Could not be 4 ☐ Homicide determined	28a. Piece of Injury - Af home, farm, street, fectory, office building, etc. (Specify)					28f. Location (Street and Number or Rural Route Number, City or Town, State)					
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(10)		30. Name end address of person who of Br. B. N. M. S.A.	completed cause of dee	th (Item 2	3a) (Type, Print)	0	Stite	A	ICA	CKW	v		
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State of Maryland / Department of Health and Mental Hygiene

24087 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Deeth Month **Physician** Helen Estelle Turner July 22, 1996 6:30 am /Medical 4a. Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Collington Episcopal Life Care Center Mitchellville Prince George's If Under 1 Year If Under 24 Hrs. 8. Dete of Birth
Months Days Hours Min. (Month, Dey, Year) 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) 9. Birthpiace (State or Foreign **Funeral** 1 □ M 2 🖾 F May 21, 1895 Director 220-46-7838 101 Maryland Usual Residence of Decedent death with the Maryland 10b County r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at 10c. City. Town or Location 10d. Inside City Limits 1 Yes 2 No Director Prince George's Marvland Mitchellville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3700 Enterprise Road U.S.A. Funeral 20720 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Was Decadent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian. Black, White, etc. Pages 1 and 2 should be filed within 72 hours effer nent of Health and Mental Hygiena. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: Be Completed by 3 ☑ Widowed 4 ☐ Divorcad Year or Dates: White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Hygiena. Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home ith and Mental Hygie 27 Is marked other t traumatic event, 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Surneme) Wesley Linthicum 2 Amelia Friday 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) nt of Health a : If item 27 is or other tra Albert W. Turner / Son 4009 Enterprise Road, Bowie, Maryland 20720 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20e Method of Disposition 20c. Location - City or Town, State 1 Burial 2 ☐ Cremation 3 ☐ Removel from State permit. Page Department of Important: If any Injury or 4 ☐ Donation 5 ☐ Other (Specify) Fort Lincoln Cemetery 7/25/1996 Brentwood, Maryland 22. Name and Address of Facility
Francis Gasch's Sons Funeral Home, P.A. 21. Signeture of Funeral Service Licensee 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 4739 Baltimore Avenue, Hyattsville, MD 20781 Approximate Interval Between Onset and Death **Physician** /Medical Immediate Ceuse (Finel . aspiration preumonia Sudde disease or condition resulting in death) Examiner Physician/Medical Examiner demention The law requires that the deeth certificate be executed the burial-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Records, P.O. Box 68760, Due to (or as a consequenca of) use as igned by the e Part if. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed by None þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24e. Was en eutopsy performed? has page 2 this certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital septal or Attending Physician: The hours after death.

Ineral Director: After this certificate y filled in by the funeral director, pa 25. Wes case referred to medical exeminer? Be 26. Plece of Death (Check only one) 9 Other: 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death Certification: 28a. Date of Injury (Month, Dev Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Neturel 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 | Homicide Hospital 24 hours a 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. To the Hospi within 24 hou To the Funer completely fil Medical 29a. Certifier 29b. Signature and title of certify 29c. License number 29d. Date signed (Month, Dey, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 7500 Creenway Ctr Dr. Greenselt Mil Peter M Schissler MO 31. Dete filed (Month, Dey, Year) 32. Registrar's Signature State Let Mudean Reveal Registrar

DHMH 16 Rev 6/95

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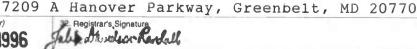
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 24088 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth Doris **Physician** J. Thomas Month Veer 07 22 96 8:10 PM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death **Examiner** 4c. County of Death Presidential Woods Prince George's Adelphi 5. Social Security Number If Undar 1 Year | If Undar 24 Hrs. 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 □ M 2 E F Months Days Hours 65 577-42-1248 Yrs. Director 03 - 15 - 31Virginia Usual Residence of Decedent the Maryland 10b. County 10a. State 10c. City, Town or Location d other than "natural", or items 23a or 28a-f show event, the Medical Examiner must be notified at 10d. inside City Limits MD Prince George's Landover Director Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 7428 Belle Haven Court 20785 USA Funeral Pagas 1 and 2 should be filed within 72 hours after death 11 Marital Status 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Raca - American Indian, Black, White, etc. 1 Naver Married 2 Married ☐ Yes 2 X No Yes, Give Baltimore, Maryland 21215-0020 natural', or 1 ☐ Yes 2 No Specify: Black þ 3 ☐ Widowed 4 ☐ Divorced Year or Dates Completed 15. Decedent's Education (Specify only highest grade completed) 18a, Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) Private 12th Homemaker permit. Pagas 1 and 2 should be filt Department of Haeith and Mental Hy Important: If Item 27 is marked oth any injury or other traumatic event pags. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maidan Surname) Be James Lindsey Mazie Daniels ဥ 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Charles A. Thomas/Husband 7428 Belle Haven Court, Landover MD 20785 20a. Method of Disposition 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stata Burial 2 Cremation 3 Removal from State harmony Memorial Pk 7/26/96 Landover, 4 Donation 5 Other (Spacify) Signature of Funeral Servica Licensee 22. Name and Address of Facility J. B. Jenkins Funeral Home 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failura. List only one cause on each line. MD 20785 Approximata Interval Between Onset end Death **Physician** /Medical Immediate Cause (Final disaasa or condition resulting in death) Urosepsis **Examiner** month Due to (or as a consequence of): Physician/Medical Examiner Pneumonitis The law requires that the death certificate be executed burial-transit month Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Congestive heart Failure attending physician for usa as tha buria months Due to (or as a consequence of) Hydrocepalus year ed by tha a Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yas 2 ☐ No 3 Probably 4 ☑ Unknown Pumonary embolism signed t δ Completed should 24a. Was an autopsy 24b. Were autopsy findings available prior to completion of causa of death? page 2 s certificata 1 Yas 2 No 1 ☐ Yas 2 ☐ No Attending Physician: director, 25. Was casa referred to madical examiner? Be 26. Placa of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 ☐ Yes 2X) No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funaral 27. Manner of Daath Date of injury (Month, Day Year) 28c. injury at Work? : After ! Certification: 28b. Time of 28d. Describe how Injury occurred 1 Natural 5 Pending investigation Injury death. 1 Yes 2 No To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A completaly filled in by the fi that 2 ☐ Accident 6 Could not be 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 X Certifying Physicien: To the best of my knowledge, deeth occurred at the time, dete and place, end due to the ceuse(s) end menner as steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier Medical (Check only one)

State Registrar 31. Date filed (Month, Day, Year) JUL 26 1996

29b. Signature and tallinot certifie

Singh



and

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

29c. License number

29d. Data signed (Month, Day, Year)

State of Maryland / Department of Health and Mental Hygiene 96 24089

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Physician / Medical Examinor Physician / Medical Examinor Page 2	m	88 2 5 8		Nancy A	eral Ho	1 Home								
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State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Nama (First, Middia, Last) 2. Date of Deeth 3. Time of Death Day **Physician** Daphne A. Thomas July 16, 1996 9:35 AM /Medical 4a. Fecility Nema (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Holy Cross Hospital Silver Spring Montgomery If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 8. Data of Birth (Month, Day, Year)
Oct. 20,1961Anniston, AL 5. Social Security Number 7. Aga (In yrs. last birthdey) Birthpiaca (State or Foraign Country) **Funeral** Months Yrs **Director** 212-86-2402 34 Usuel Rasidance of Decedent with the Maryland 10a. Steta 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23a or 28a-f ahow other traumatic evant, the Medical Exeminar must be notified at MD Prince Georges Bladensburg 1 No 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 3801 Kenilworth Ave., #104E 20710 USA pernit. Peges 1 and 2 should be filed within 72 hours efter death 1 Department of Heelth and Mental Hyglene. Important: If flem 27 is marked other than "natural", or items 23s any Injury or other traumatic evant ma Marke 12. Wes Decedent Evar In U,S. Armed Forces? 13. Was Decedant of Hispenic Origin? (Specify Yas or No-It Yes, specify Cuben, Maxican, Puarto Rican, etc.) 14. Race - Amarican Indian, Black, Whita, etc. 1 ☐ Yas 2X No It Yas, Giva 1 ☐ Never Married 2 Merried Baltimore, Maryland 21215-0020 Specify: Black 1 ☐ Yas ¾☐ No Specify: p 3 ☐ Widowed 4 ☐ Divorced Yeer or Datas: Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working lifta. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Elamantary/Secondery (0-12) Coilega (1-4or 5+) Purchasing Agent U.S. Government 17. Fethar's Nama (First, Middla, Last) 18. Mothar's Name (First, Middle, Meidan Surnama) Henry White 2 Annie P. Rowe 19e. tntormant's Name/Ralationship (Type, Print) 19b. Melling Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 3532 Bath Court, Dale City, Virginia 22193 Robert Thomas Jr. 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata 20a. Method of Disposition Dete 1 ☐ Buriel 2 ☐ Cremation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Harmony Memorial Park 7-20 Landover, MD 21. Signeture of Funaral Service Licenses 22. Name and Addrass of Fecility
Marshall's Funeral Home, 11/100 4217 9th St. N.W. Wash., 23a. Fax1. Entar the disease, or complications that caused the deeth. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on sech line. Approximete interval Between Onset and Death **Physician** /Medicai tmmediata Cause (Final diseasa or condition rasulting in death) 0 Examiner Examiner 0 sician and burial-transit Sequentielly list conditions, if any, leading to immadieta cause. Enter Underlying Cause (Disaase or Injury that initiated avants rasulting in daath) Last attending physician for use as the burial Division of Vital Records, P.O. Box 68760, laisuu the death certificate be Physician/Medical Dua to (or es e consequance of) signed by the a Part tt. Other significant conditions contributing to death but not rasulting in the undarlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 2 No 3 Probably 4 Unknown 1 Yes þ 24b. Ware autopsy tindings evellable prior to complation of causa of death? Completed 24e. Was an autopsy peen has 2 No 1 ☐ Yas 2 No 25. Was casa rafarred to medical axaminar? Be 26. Placa of Death (Check only ona) 1 Yas 2 No Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 2 after death. Director: After this funeral 28a. Deta of Injury (Month, Day Year) 27. Menner of Death 28d. Dascribe how injury occurred Certification: 28c. Injury at Work? Hospital or Attanding 24 hours after death. 1 Naturai 5 Panding Invastigation 1 Yas 2 No 2 Accident the 6 Could not be datamined 3 Suicida 28t. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of tnjury - At homa, farm, street, tactory, office building, etc. (Specify) pletaly filled in by 4 Homleida n 24 hours a edicai 29a, Certifier 1 Certifying Physicism: To the best of my knowladga, daath occurred at the time, deta and place, and dua to tha causa(s) and mannar as stated. (Check only one) 2 Medical Examiner: On the basis of examinetion and/or invastigation, in my opinion, death occurred at the time, dete end place, and due to the cause(s) and manner stated. To the To the 29b. Signature end titla of certitier 29c. License number 29d. Data signed (Month, Day, Year) 30. Nama and addrass of person who comp cause of death (Item 23a) (Type, Print) 8300

State Registrar

31. Data tiled (Month, Day, Year)

JUL 23 1996

32 Registrar's Signatura

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle | last) 2. Dete of Deeth **Physician** Month Yeer Josef July 25,1996 Ilmash 4:15 PM /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Collingswood Nursing Center Rockville Montgomery If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) 5. Sociel Security Number 9. Birthplece (State or Foreign **Funeral** Months Deys 110 M 2□ F 93 Yrs 089-26-8035 OCTOBER 4,1902 RUSSIA Director Usuel Residence of Decedent The Maryland v 28a-f show 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 X Yes 2 □ No MONTGOMERY ROCKVILLE Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Examiner must be r 299 HURLEY AVE. 20850 U.S.A. Funeral 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 11. Meritel Stetus 14. Race - American Indian, permit. Pages 1 and 2 should be filed within 72 hours after. Department of Health and Mental Hygiens. Important: If then 27 is merked other than "natural; or iten any injury or other traumatic event, the Medical Franch onds. Black, White, etc. 1 ☐ Yes 2 🕅 No If Yes, Give Yeer or Detes: 1 Never Married 2 Merried 1 ☐ Yes 2 🖾 No þ Specify: WHITE 3 Nidowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) TRANSLATOR VOICE OF AMERICA U/A U/A 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Be PACHUBEKT U/A SZIHBEK UMASH 2 19e. Informent's Neme/Raletionship (Type, Print) 19b. Meiling Addrass (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) DONNA ORR/EXECUTIVE DIRECTOR 299 HURLEY AVE., ROCKVILLE, MARYLAND 20850 20b. Pleca of Disposition (Neme of cametery, crematory or other piece) 20a. Method of Disposition 20c, Location - City or Town, State 1 ☐ Buriel 2 💆 Cremetlon 3 ☐ Ramovel from Stete 7/26/96 ALEXANDRIA, VIRGINIA 4 ☐ Donation 5 ☐ Other (Specify) METROPOLITAN CREMATORY 22. Name and Address of Fecility DEVOL FUNERAL HOME 20007 2222 WISCONSIN AVE., N.W. WASH., D.C. Enter the discess, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, or heart fellura. List only one causa on each line. Approximeta Interval Between Onsel end Death Physician Immediate Cause (Final disease or condition resulting in deeth) /Medical arterosclerotic cardiovascular disease 5 years Examiner Due to (or es a consequence of) Physician/Medical Examiner the death certificete be asscuted physician and the burial-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, thet initieted events Due to (or es e consequence of): resulting in death) Lest 818 USe 10 signed by the a Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown by 24b. Wara autopsy findings avellable prior to completion of cause of death? 24a. Wes an autopsy performed? has 1 Tyes 25 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical examiner? Be 28. Place of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Yes 2 ☒ No 7 this funeral 27. Menner of Deeth 28a. Date of injury (Month, Day Year) Certification: 28d. Describe how Injury occurred After 5 Pending Invastigation 1 Neturel deeth. 1 ☐ Yes 2 ☐ No 2 Accident efter deetl Director: 6 Could not be determined 3 ☐ Sulcide Piece of Injury - At home, Ierm, street, factory, office building, etc. (Specify) 28i. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Hospital 24 hours 1½ Certifying Physician: To the bast of my knowledge, death occurred at the time, dete end piece, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or invastigation, in my opinion, deeth occurred at the time, data and piece, end due to the cause(s) end manner its land. 29a. Cartifiar (Check only one) within 2 the state 29b. Signetura end titla of cartifier 29c. License number 29d. Deta signed (Month, Day, Year) D06674 July 26,1996 30. Neme end eddress of person who completed cause of death (Item 23a) (Type, Print) Myron L. Lenkin, M.D., 2309 Shorefield Road, Wheaton, Maryland 20902

DHMH 16 Rev 6/95

Registrar

31. Dete filed (Month, Dey, Year)

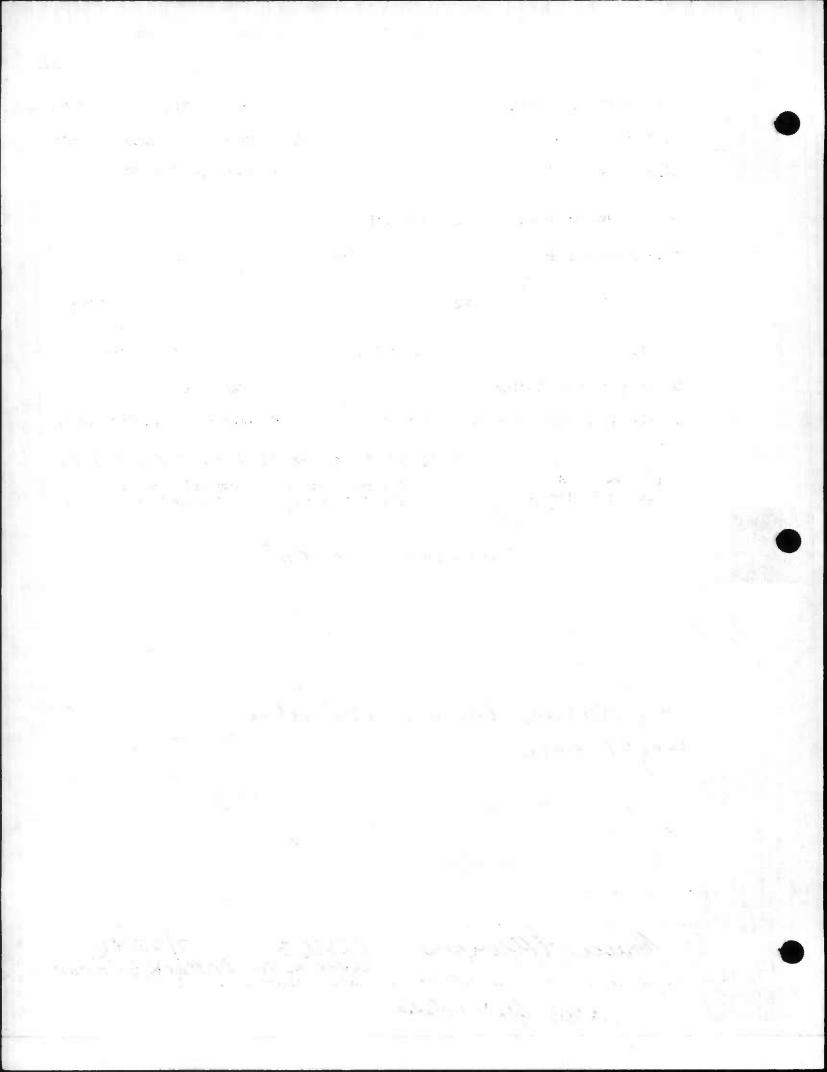
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22. Registrar's Signature

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			State of Maryland / Department of Health a Certificate of Death	nd Mental		96 8	24092	
	Dharata		Decedent's Name (First, Middle, Lest)	2. Date o			3. Time of Death	
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L			5012 Huron Street Colle 5. Social Security Number 6. Sex 7. Aga (In yrs. lest birthday) If Under 1 Yaar If Under 2	ege Park		Prince George's		
as	Funeral Director		225-03-7221 Usual Residence of Decedent	Min. Dec.	8. Data of Birth (Month, Dey, Year) 9. Birthplece (Stete Country) Dec. 22, 1912 Virginia			
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020	within 72 hours after death with the Maryland ene. than "natural", or items 23e or 28e-f show he Madigal Examiner must be notified at	by Funeral		in? (Specify Yas o Puerto Rican, etc		Raca - Americ Black, White, cify:	etc.	
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o,	icata be axacuted physician and s the burial-transit	Exa	Sequantielly list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury					
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5	tal or Attendin rs aftar daath. al Director: Aft ed in by tha fur	Certification:	4 ☐ Homicide building, etc. (Specify)	City or	Town, Steta)			
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1	1/ 1/	1	Dr. Bruce S. Cooper, M.D. 6525 Belcrest Road, Hyat	tsville,	MD 2078	2	X 7 . (C. F)	
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State of Maryland / Department of Health and Mental Hygiene 96 24093

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-124 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit p be filed within 72 hours after death with the State Dept, of Health and Memai Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
.O. BOX 687	certificate be executed	ding physician and cor lygiene prior to burial,	other traumatic e	
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ermit. Pages 1, 2, 3 should

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

. 1	1. OECEDENT'S NAME (First, Middle, Last)								2 DATE (OF OEATH			3. TIME OF OEATH						
- 11		aughal	V						MONTH	D.	7 19	96	115 m. M						
	4. SOCIAL SECURITY NUMBER	1	E (In yrs. les		IF UNDER	T YEAR	IF UNDER	24 HRS.	7. DATE C	F BIRTH		8. BIRTHP	LACE State or Foreign						
	579-05-9140	1 M 2 D F 7	9	YRS.						25, 19		Vifrgir							
œ	90. FACILITY NAME (If not institution, give s Manor Carp.	street and number)			9b. CITY,			ON OF OE		ka .		NTY OF OE	ATH						
CTO	RESIDENCE OF DECEDENT	Largo		(al	Lai	90	KCC	La	190	LP	aG.							
DIRECTOR	D.C. 10b. COUNT	γ Ο		10c. CITY,	TOWN O	R LOCAT		ashing	gton				10d. INSIDE CITY LIMITS? 1 YES 2 NO						
AL	10e. STREET AND NUMBER					101	ZIP COD	E		10g. CITIZEN OF WHAT									
FUNERAL	221 Rhode Island Av			20002							l	J.S.A.							
	11. MARITAL STATUS 1 Never Married 2 XX Married	12. WAS DECEDENT EVER FORCES? 1 XXYE	S 2 N	MEO	1	yes, spe	elfy Cuba	F HISPANI n, Mexicen	IC ORIOINT	(Specify Yealcan, atc.)	or No-	Black,	- American Indian, White, etc.						
B	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR	OATES		1	☐ YES	2 NO	Specify:				Specify	Black						
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	Elementary/Secondary (0-12) College (1-4 or 5+) Driver Retired (Federal Government of the College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) William Vaughan 18. MOTHER'S NAME (First, Middle, Melden Surname) Ellen Vaughan																		
OME													erfilent)						
	19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ACCRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)																		
	Mrs. G. Jeanne Dudley (Daughter) 7915 Polk Street Lanham, Maryland 20706 20s. METHOD OF DISPOSITION 1 Surface 2 Cramation 3 Removal from State 4 Donation 5 Other (Specify) National Harmony Memorial Park 7/22/96 Landover Maryland 7915 Polk Street Lanham, Maryland 20706 20b. PLACE ANO OATE OF DISPOSITION (Name of cametery, crematory or other place) National Harmony Memorial Park 7/22/96 Landover Maryland																		
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Nat.10h	al Harr	nony 22. I	Memoy Memoy	CAPORE	ark Beef	1/22	/96 La , Inc.	ndove	r, Mar	yland						
	· Janot 1	7 for at	100	a.)	4339	Hunt.	Place	N.F	, Inc. . Wash	inato	n DC	. 20019						
	23. PARTI. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between																		
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q 5 Amended #23a, per M.D., 8/1/96, MRT, Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth July 27, Day 1996 Yeer **Physician** WINER ETHEL 10:30 AM /Medical 4b. City, Town, or Location of Deeth Silver Spring 4e. Fecility Neme (If not institution, give street end number) Examiner Ac County of Death Montgomery 1401 Blair Mill Road 7. Age (In yrs. lest birthdey) | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Dey. Year) | 93 | Yrs. | Months | Deys | Hours | Min. | November 27, 1902 | Perrsylvania 5. Social Security Number 577–32–7469 9. Birthplece (State or Foreign **Funeral** 1□M 20F Director Usuel Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If itam 27 is marked other than "natural", or items 23s or 28s-4 show any injury or other traumatic avant, the Medical Experience must be partitled at once. 10e. Stete 10c. City, Town or Location 10b. County 10d. Inside City Limita Maryland Silver Spring Mantgarery 1 N Yes 2 □ No Director 10g. Citizen of Whet Country? U.S.A. 10e. Street end Number 10f. Zip Code 1401 Blair Mill Road 20910 Funeral 12. Wes Decedent Ever In U,S. Armed Forces? Wes Decedent of Hispenic OrigIn? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Meritel Stetus 14. Rece - American Indien, Biack, White, etc. 1 ☐ Yes 2 X No If Yes, Give Yeer or Detes: 1 ☐ Never Married 2 ☐ Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: Caucasian þ 3X Widowed 4 □ Divorced Completed 18e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Kay's Mens Store Salescerson 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Ben Hoffman Emma Berman 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19a. informant's Neme/Reletionship (Type, Print) George Falcon-Grandson 212 Dawson Avenue, Rockville, MD 20850 20b. Piece of Disposition (Neme of 20e. Method of Disposition 20c. Location - City or Town, Stete Gametery, ciemetory or other place) 1 ☐ Burigi 2 ☐ Cremetion 3 ☐ Removs Hrom Stete July 27, 1996 Washington, DC 4 XDo tion 5 Other (Specify) o of Funeyal Service Lice 21. Signet 22 Neme and Address of Fecility Columbia Mortuary Services, Inc. 225 Missouri Ave., NW, Washington, DC 20011 Macro etions thet caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, to cause on each line. Enter the disease, or complete, or heart feilure. List only of Approximate Interval Between Onset and Deeth **Physician** /Medical imu ediete Cause (Finel RESPIRATORY FAILURE diseese or conditior resulting in death) Examiner CORONARY ARTERY DISEASE Examiner physician and the burial-transit requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting in deeth) Last Due to (or es e consequence of) Physician/Medicai Due to (or es e consequence of) 88 esn signed by the a Pert il. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? CORONARY ARTERY DISEASE. 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Minknown à 24b. Were autopsy findings aveileble prior to completion of cause of death? 24a. Wes en autopsy performed? Completed HYPERTENSION peed page 2 certificate 1 Yes 2 X X 1 ☐ Yes 2 CNo 25. Wes case referred to medical Be 28. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 N Mesidence 6 Other (Specify) 1 Yes 2XX0 P 1 inpatient 2 ER/Outpatient 3 DOA funeral 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28c. injury et Work? 28d. Describe how injury occurred Certification: 1 Neturei 2 Accident 5 Pending Investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide Location (Street end Number or Rural Route Number, City or Town, State) 28e. Plece of injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide

P.O. Division of Vital Records. Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifice To the Hospital or Atte within 24 hours after de To the Funeral Directo completely filled in by th

Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the best of examination and/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) end menner steted.

D33942

29b. Signature end title of certifie

AUG 01 1996

29e. Certifier

(Check only one)

Medical

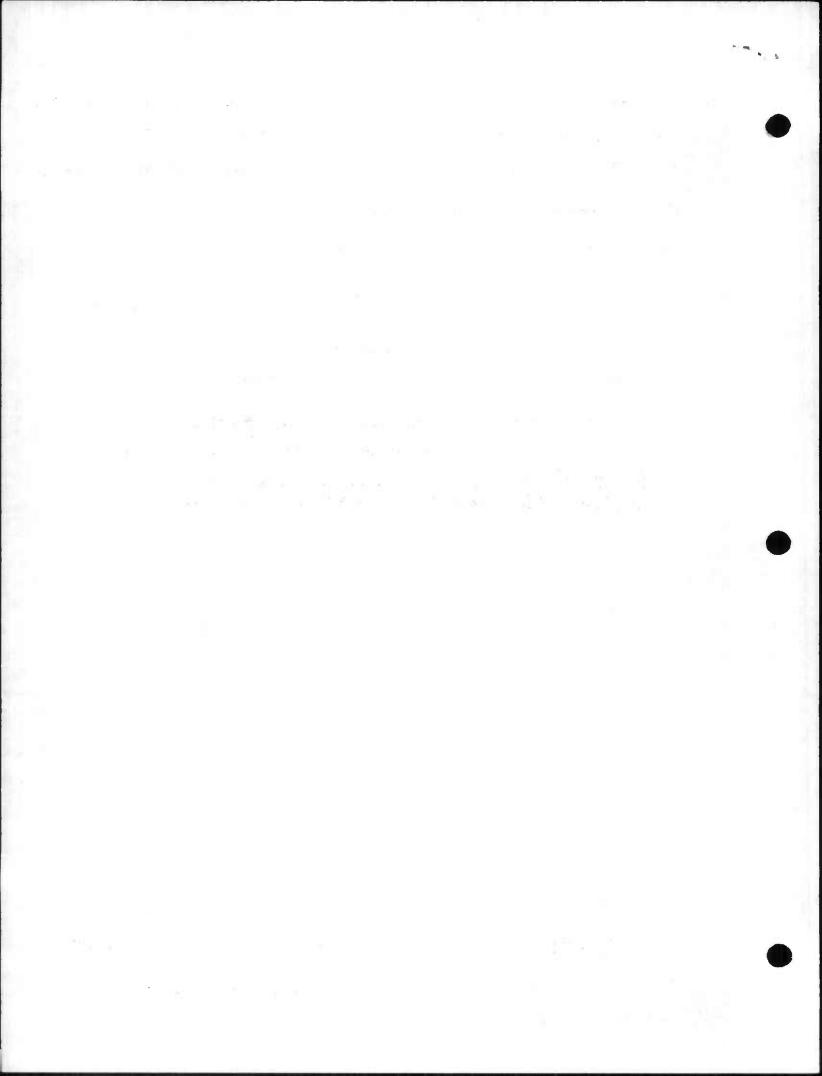
29c. License number 29d. Date signed (Month, Day, Year)

July 27, 1996

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

Promod Duggal, M.D. 7253 B Hanover Parkway, Greenbelt, MD 20770 31. Dete filed (Month, Day, Year)

State Registrar 32. Registrer's Signeture

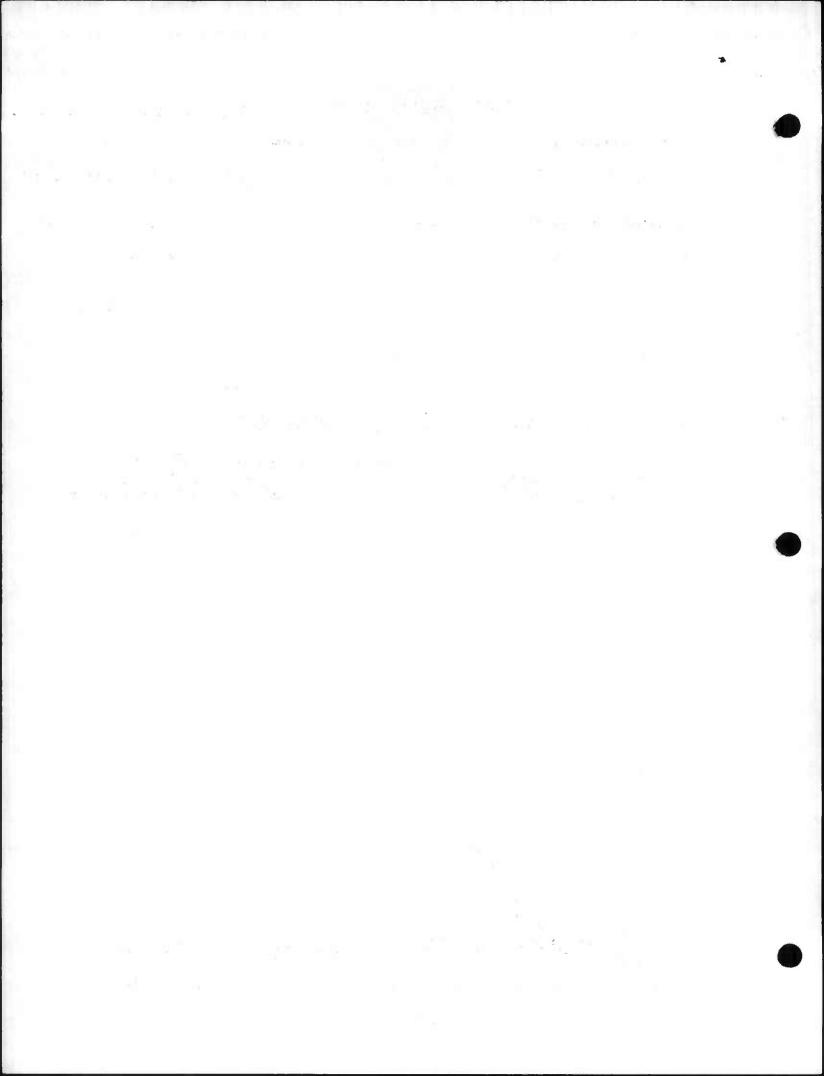


State of Maryland / Department of Health and Mental Hygiene

Amended #10b, 17, 8/5/96, MRT, Montg. Certificate of Death 1. Decedent'a Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Dey **Physician** Charles Moxley Wigginton 26, 11:05 A.M 1996 July /Medical 4b. City, Town, or Location of Death 4e. Facility Name (If not Institution, give street end number) 4c. County of Deeth Examiner 5905 Carlton Lane Bethesda Montgomery If Under 24 Hrs. Hours Min. 5. Social Security Number If Under 1 Yeer 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) **Funeral** Months 1**∑**MM 2□ F Deys 91 Director Washington, DC 577-09-9230 May 18, 1905 Usual Residence of Decedent 10b. County Montgomery with the Maryland 10e. State 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23e or 28e-f show the Medical Examiner must be notified at 1 ☐ Yes aCNo Maryland Monotgoery-Bethesda 10e. Street end Numbar 10f. Zip Code 10g. Citizen of What Country? 5905 Carlton Lane 20816 U.S.A. deeth Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 11. Maritel Stetus 14. Race - American Indian, Bleck, White, etc. filed within 72 hours after 1 ☐ Yes 2 ☑ No If Yes, Give 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify. Specify: by 3XWidowed 4 ☐ Divorced White Year or Dates: Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent'a Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working lifa. DO NOT use retired) Hygiene. Elemantary/Secondery (0-12) College (1-4or 5+) 12 Printer Printing permit. Pages 1 and 2 should be file.
Department of Health and Mental Hyg Important: if Item 27 is marked other any injury or other traument 17. Fathar's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be James Wiggenton Wigginton Almyra Rouse 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 7101 Deer Crossing Court Bethesda, Maryland 20187 Steven O. Smith/Nephew 20b. Place of Disposition (Nama of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☼ remetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Mount Comfort Crematory 7/30/96 Alexandria, Virginia 21. Signature of Funeral Service Licenses 22. Name and Address of Facility Joseph Gawler's Sons, Inc. 5130 Wisconsin Avenue, N.W. Washington, D.C. 20016 seesal or complications that caused the death. Do not entar the mode of dying, such as cerdiac or respiretory errest, ure. Ust only one cause on each line. Approximete Interval Between Onset and Deeth Physician Immediate Ceuse (Final disease or condition rasulting in deeth) /Medical Coronary Artery Disease vears Examiner Dua to (or as a consequence of): Examiner years Hypertension The law requires that the death certificate be executed burial-transit Sequentially list conditions, if any, leading to immediata ceusa. Entar Underlying Cause (Disease or Injury that initiated events resulting in death) Lest and Dua to (or as a consequence of) Box 68760 attending physician Physician/Medical the Dua to (or as a consequence of) 88 950 P.O. Part II. Other eignificent conditions contributing to daeth but not resulting in the underlying ceuse givan in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 | Yee 2 | No 3 | Probably 4 | Unknown Division of Vital Records, þ 8 24b. Ware autopsy findings evalleble prior to completion of cause of death? Completed 24a. Was en eutopsy certificate has 1 ☐ Yes 2 🗓 No 1 ☐ Yes 2 X No I or Attending Physician: aftar death. Director: Aftar this certifica 25. Was cesa referred to medical examiner? Be 26. Placa of Death (Check only ona) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient Other: 4 Nursing Home Certification: To 1 ☐ Yes 2 🗓 No 5X Residence 6 □Othar (Specify) 3□ DOA 28a. Date of Injury (Month, Dey Year) funeral 27. Manner of Death 28b. Tima of 28d. Describe how Injury occurred 28c. Injury at Work? 1 X Natural 5 Pending investigation 1 Yas 2 No 2 Accident 28f. Locetion (Street end Number or Rural Routa Number, City or Town, Stete) 6 Could not be datarminad 3 Suicide 28e. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) filled in by 4 Homicida 24 hours a Hospital 1 Certifying Phyelcian: To the bast of my knowladge, daeth occurred et tha time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or Investigation, in my opinion, daath occurred at the time, date end place, and due to the ceuse(a) and manner stated. 29a. Certifier Medical (Check only one) To the Vithin 2 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 30. Name a eddrass of person who complated ceuse of death (Itam 23a) (Type, Print) Woel Schulman, M.D. 9410 Old Georgetown Road Bethesda, MD 20814 31. Date filed (Month, Dey, Year) Registrar's Signeture State JUL 3 0 1996 Luta Davidson Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

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							Pertifica	ate of	Death			Reg. No.		
	2 1		1. Decedent's Name (First, Middle,	Last)							2. Dete of De Month	eth Day	Year	3. Time of Death
	Physici /Medi		Walter	F.		Wilson	l .					30, 19		8:50 p.
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	Funeral Director		5. Sociel Security Number 213-28-5186	6. Sex 1 <mark>⊠</mark> M 2 □ F	11110000	(In yrs. lest birth	Month	der 1 Year ns Deys	If Under Hours	24 Hrs. Min.	8. Dete of Bir (Month, Da May13	y, Year) 1931	9. Birthp Cour Ma.	place (Stete or Foreign ntry) ryland
	P .		Usuel Residence of Decedent											
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	4 th	Oire	10e. Street and Number				10f.	Zip Code				10g. Citizen of	What Cour	ntry?
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<u>m</u>	Peges nent of I int: If ite ury or of		PONBurial 2 □ Cremetion 3 4 □ Donetion 5 □ Other (Spe		Stete	Hopkir	s Ch	urch	Cem	. 8/	/3/96	Highl	and,	MD
Balt	pemit. Peg Department Important: It any Injury o		21. Signeture of Funeral Service Li	censee A	lune.	den	SNO	WDEN	FUNI FUNI LE, N	ERAI	HOME 20850	, P.A.		
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Š	0 0	To I	1 ☐ Yes 2 ☐ No	Hospital:	Inpatient	2 ER/Outp	atient 3	DOA Oth	ner: 4 🗆 Nu	irsing Ho	me 5 Resi	denca 6 🗆 Ot	her (Specif	fy)
	ing After		27. Manner of Deeth 1 A Neturel 5 Pending 2 Accident investiga		of Injury oth, Dey	(ear) 28b. Tin		28c. Injui Wor 1 🗆	ryet rk? ∣Yes 2 🗆	No	28d. Describe	how injury occu	rred	
Division	Te fe	Certification:	3 ☐ Suicide 6 ☐ Could no 4 ☐ Homlcide determin	ad 200. P100	a of Injury	/ - At home, tarm (Specify)	, street, fect	tory, office			28f. Location (City or To		ber or Rura	al Route Number,
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			30. Neme end address of person w	ho completed cau	ise of dea	th (Item 23e) (To	/pe, Print)	_						·
2	>			1/4:		fry X cal		12 wa	4	-0/	mbia	MD		
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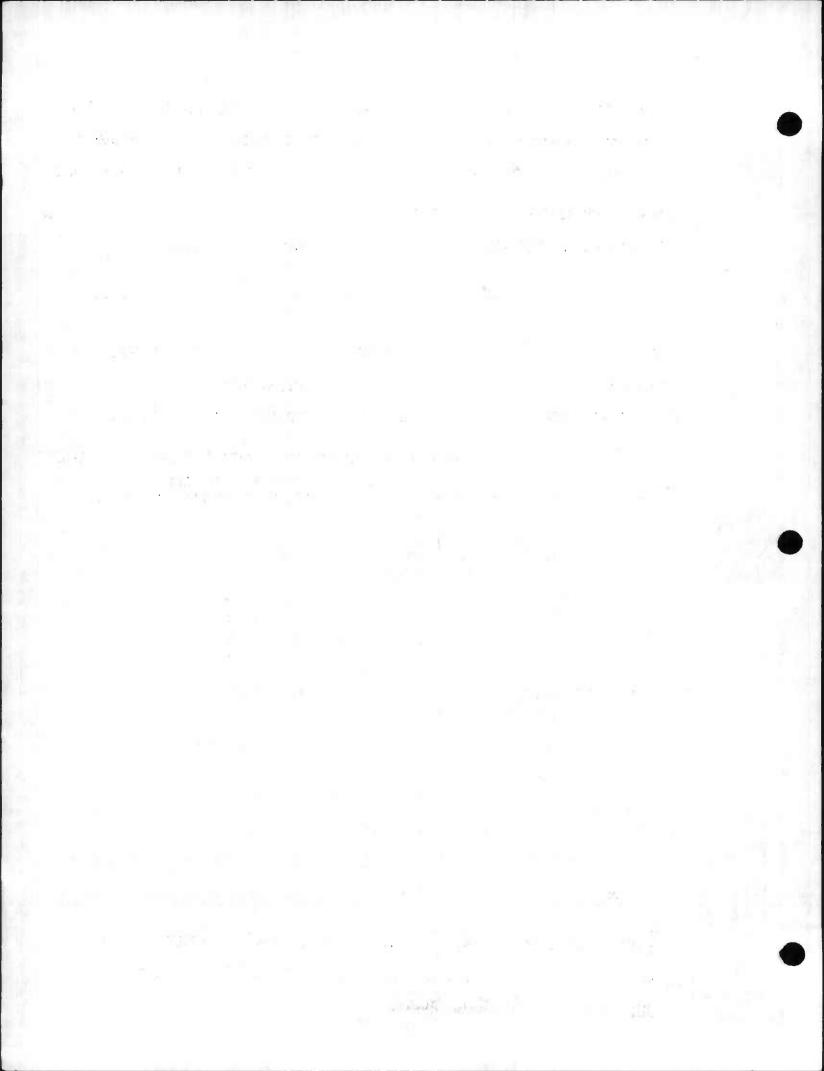
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Death 3. Time of Death Day 1996 **Physician** JULY 25, WELSH 9:35 PM MARGARET /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** SILVER SPRING MONTGOMERY NURSING HOME **GENESIS** If Undar 1 Yaar Months Days 8. Data of Birth (Month, Day, Year) JAN. 24, 1918 5. Social Security Number If Undar 24 Hrs. 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** Months Min Hours PENNSYLVANIA Yrs. 194-05-9984 78 Director Usual Residence of Decedent with the Maryland 10a Stata 10b. County 10c. City, Town or Location 23a or 28a-f show 10d. Insida City Limits the Medical Examiner must be notified at MARYLAND MONTGOMERY DERWOOD 1 Yas 2 No Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 7285 MILLCREST TERRACE 20855 UNITED STATES Funeral 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yes 2 ☑ No flems 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian Black, White, atc. filed within 72 hours efter 1 Naver Married 2 Married Baltimore, Maryland 21215-0020 0 1 Yes 2 No Specify: þ Specify: 3 M Widowed 4 □ Divorced WHITE . "natural". Yaar or Dates Completed 15. Decedent's Education (Specify only highest grada completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) than Elamentary/Secondary (0-12) Collega (1-4or 5+) COOK SCHOOL CAFETERIA 17. Father's Nama (First, Middle, Last) 18. Mothar's Name (First, Middla, Maiden Surnama) permit. Pages 1 and 2 should be filt Department of Health and Mental th Important: If Item Z7 Is marked oth any July or other traumatic even soigh. JAMES McGIRR HILDA JOHNSON 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Coda) 7285 MILLCREST TERRACE, DERWOOD, MD. 20855 WELSH, SON 20b. Place of Disposition (Name of cometery, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 🛱 Cremation 3 ☐ Removal from State METROPOLITAN CREMATORY 7/27/96 ALEXANDRIA, VIRGINIA 4 ☐ Donation 5 ☐ Other (Specify) 21. Signatura of Funeral Service Licensee 2MURIEL ACHESS BARBER FUNERAL HOME meunit P.O. BOX 5038, LAYTONSVILLE, MD. 20882 23a. Part1. Enter the disease, or complications that caused the death. Do not antar the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Batween Onset and Death **Physician** /Medical Immediate Cause (Final Hier disease or condition rasulting in death) Examiner Due to (or as a consequence of): Physician/Medical Examiner The lew requires that the death certificate be executed Sequantially list conditions, if any, leading to immediata ceusa. Enter Underlying Cause (Disaasa or Injury pue ettending physician for use es the burie Box 68760. that initiated evants resulting in death) Last Due to (or as a consequence of) Division of Vital Records, P.O. Part II. Other algnificant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t nd Value Replacement 1 Yes 2 No 3 Probably 4 Unknown by should ! Completed 24a. Was an autopsy performed? 24b. Were autopsy tindings available prior to complation of cause of death? hes page hema 2 K No 1 ☐ Yes 2 ☐ No certificate or Attending Physician: Be 25. Was cese rafarrad to medical examiner? 28. Place of Death (Check only ona) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2 No Certification: To this 28c. tnjury at Work? 27. Mannar of Deat 28b. Time of 28d. Describe how Injury occurred s efter dea. 1 Naturat 5 Panding invastigation 1 ☐ Yes 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, straet, factory, office building, etc. (Spacify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) filled in by 4 T Homicide 24 hours 29a. Certifier 1 Certifying Physician: To the best of my knowledge, daath occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at tha tima, data and place, and due to the causa(s) and manner stated. within 24 hou To the Fune completely fi (Check only one) 29b. Signature and titla of certifier 29d. Date signed (Month, Day, Year) Attending JULY 26, 1996 30. Nama and address of person who completed causa of daath (Item 23a) (Type, Print) 3416 OLANDWOOD COURT #200 OLNEY, MD 20832 PHIL HENJUM, MIS 31. Date filed (Month, Day, Year) 2. Registrar's Signature State JUL 2 9 1996

DHMH 16 Rev 6/95

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

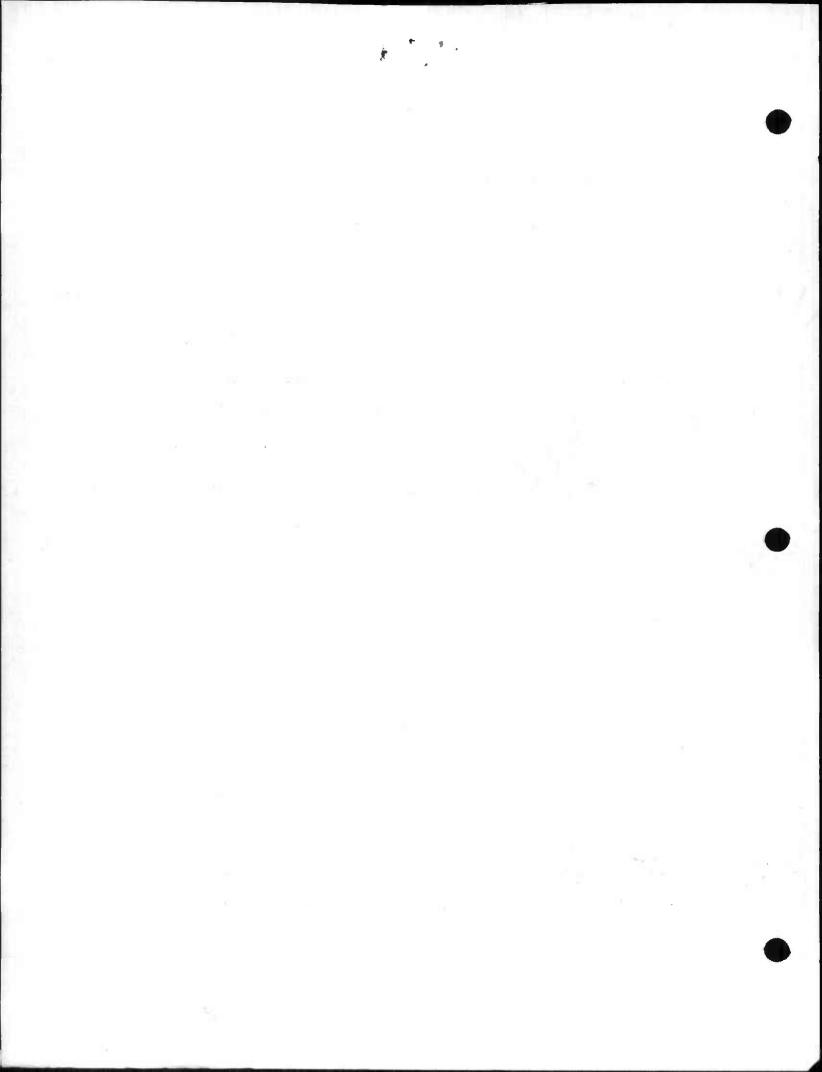
TO THE FUNERAL DIRECTOR- After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1 - FOR STATE REGISTRAR		STATE OF MAR	YLAND /	DEPART	MENT OF	HEALTH AND	MEN	TAL HYGIENE				
1. DECEDENT'S NAME (First,	Middle, Last)							ATE OF DEATH			E OF DEATH	н
Clara	Marga	ret	W	ainw	right			ONTH DAY		AR a	:40	AM
4. SOCIAL SECURITY NUME	IER 5.		BE (In yrs. lesi		IF UNDER 1 YEA		7. D/	ATE OF BIRTH	8. BIRTHPLACE (State or Foreign Country)			elgn
215-07-6306)	□ M 2 🔀 F	97	YAS.	MONTHS DAY	A HOURS MIN.	Se	pt. 27,		Maryl	and	
9a. FACILITY NAME (If not in						N OR LOCATION OF I	DEATH		9c. COUNTY OF DEATH			
Fallston Ge		ospital			Fal	lston			Harford			
10a. STATE	10b. COUNTY			10c. CITY,	TOWN OR LO	CATION				10d. if	NSIDE CITY	
Maryland	Har	ford			Edgew	bood					IMITS? YES 2 X I	NO
10e. STREET AND NUMBER						101, ZIP CODE			10g. CITIZEN	OF WHAT CO	OUNTRY?	
702 Bayberr	y Road					21	040			US	iA.	
11. MARITAL STATUS		P. WAS DECEDENT EVE FORCES? 1 Y	R IN U.S. ARI	MED		DECENDENT OF HISPA			or No — 14.	RACE — Am Black, White	erican India:	n,
1 Never Married 2 3 Wildowed 4 Divo		IF YES, GIVE WAR O				ES 2 XNO Spec			- 1.	Specify: W	hite	
15. DEC	EDENT'S EDUCATI	ION	16a. DE	CEDENT'S L	JSUAL OCCUP	ATION	T	16b. KIND OF BUSI	I NESS/INDUST	RY		
(Specify ont	y highest grade con	npleted) College (1-4 or 5+)	(Gi	ve kind of we Do NOT use	ork done during retired.)	most of working	ı					
9	,	, , , , ,	Ho	omema.	ker			Own	Home			
17. FATHER'S NAME (First, M	liddle, Lest)	•				18. MOTHER'S N	IAME (FI	rst, Middle, Maiden S				
Henry (u/k	,	chel			_	Mary	(u	/k) Die	ckvoss	5		
19a. INFORMANT'S NAME (,,					et and Number or Rura						
Doris C. Ko			_			y Rd., Ed						
20a. METHOD OF DISPOSIT 1 → Burlal 2 □ Crematic	on 3 🗆 Banyow				F DISPOSITION Per place) EMETET		1	/96 Bal	ATION - City			
4 Donation 5 Other			cayron	<i></i> 0			-					
1 1/4	- 1/	VIIIS	/	A.		ward K. N						
23. PART L Enter the d	and	Mas	my	10		17 Cokesh						
	eart fallure. Lie	iplications must cau t Dnly Dne ceuse o	n eech line						atory arrest,	- 1	Approxima Interval Ba	tween
IMMEDIATE CAUSE (Fli disease or condition	nal	Como	vu.	11-40	nu (lisea	70				Onset and	Death
resulting in death)		DUE TO (OR /								-	700	
		,			,					j		
Sequentially liet condit if any, leading to imme		DUE TO (OR A	S A CONSEC	DUENCE OF):							
cause, Enter UNDERLY CAUSE (Disease or Inju	ING											
that initiated events resulting in deeth) LAS		DUE TO (DR /	S A CONSEC	DUENCE OF):							
Total (III) End	d									-		
PART II. Other signification			h but not r	eeulting li	n the under	ying cauee given i	n Pert	I. 24a. WAS AN A			AUTOPSY FIN	
	ilz Ne	mes						1 TES 2	4		LETION OF C	
<u> </u>											YES 2 DAN	10
DID TOBACCO U		BUTE TO CAUSE					IN E	3.			(
25. WAS CASE REFERRED T EXAMINER?	H	OSPITAL:		T	OTHER:	one)						
1 TYES 2 NO	1	Inpatient 2 ER/	-		-	Ioma 5 Realdence	7			-		
	Pending	(Month, Day, Ye	nr)	28b. TIME INJU	JRY	INJURY AT WORK?	28d.	DESCRIBE HOW IN	JURY OCCUR	ED		
2 Dudald	Investigation	28a. PLACE OF INJ	URY At ho	me, farm, s			281.	LOCATION (Street a	nd Number or F	Jural Floute No	umber	
4 Homicide	Could not be determined	building, atc. (Specify)					City or Town, State)				
29a. CERTIFIER 1 NCER	TIFYING PHYSICIA	N: To the best of my k	nowiedos de	ath occurs	d at the time	ista and place, and d	ue to the	a cause(s) and man	ner se stated			
one) —		On the besis of exemin								use(s) and n	nanner as st	ated.
296. SIGNATURE AND TITLE						29c. LICENSE N		I	29d. DATE SI			
Fde	tre!	X				D7 8:	33	9	DUI		1990	5
30. NAME AND ADDRESS O			DEATH (ITE	M 27) (Type,	Print)	100	0	0 .	10-	110		
31. DATE FILED (Month. Dav.	1 -	CICH (0	IGNATU .	ure	excu	000		u)	11,5	(010		
31. DATE FILED (Month, Day,	1 1996	Jalia d'ins	sor for	dall								

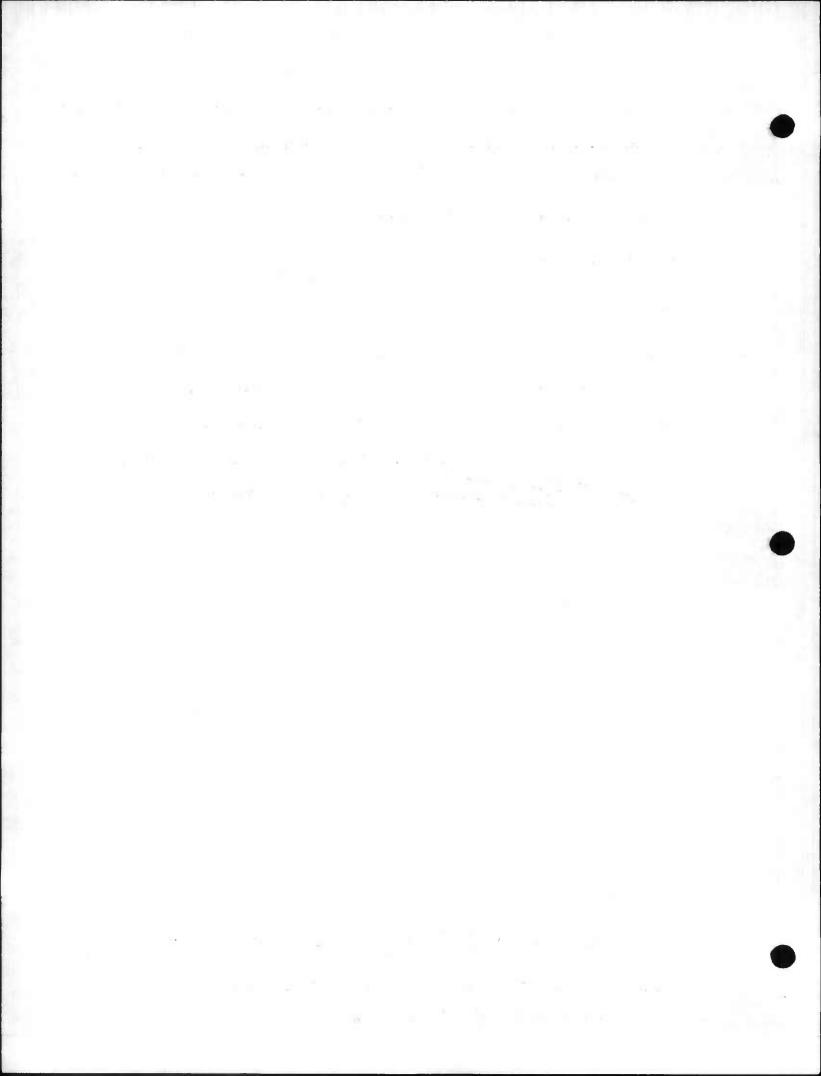


State of Maryland / Department of Health and Mental Hygiene 96 24 100

						Cei	tificate	of	Death		1	Reg. No.			
	Dhuais	1	1. Decedent'a Neme (First, Middle, Last,)	-						2. Dete of Dec		Vaar	3. Time of Death	
	Physic /Medi		Thomas	Asbury		WI	LKER	102	1		July	2 ^{Dey} 1	996	2:35 a	
) -	Exami		4e. Facility Name (If not institution, give	street end number)					4b. City, To	wn, or Lo	ocation of Deeth	4c. County	of Deeth		
			Memorial Ho							ton		Tal	bot		
	Funeral Director		5. Social Security Number 6. Security Number 220–12–1330 Usuel Residence of Decedent	7. Age	e (In yrs. las	st birthdey)	If Under 1 Months	Yeer Deys	If Under Hours	24 Hrs. Min.	8. Dete of Bird (Month, De Oct. 24	y, Year) , 1904	9. Birthp Cour Mary	elace (Stete or Foreign stry) Land	
	land land		10a. Stete 10b. County		10c. City,	Town or Lo	cation						1	0d. Inside City Limits	
	Se-f sh	ctor	Maryland Caroline		Go1	dsbor	0							1 ☐ Yes 🎎 💢 No	
	th with th	Funeral Director	10e. Street end Number 24965 Schuyler Roa	ıd			10f. Zip (ode 636				10g. Citizen of USA	Whet Cour	ntry?	
020	filed within 72 hours efter death with the Maryland Hygiene. ther than "natural", or items 23a or 28a-f show ent, the Medical Examiner must be notified at	by	11. Meritei Stetus 1 ☐ Never Married 2 ☐ Merried 3 ∰Widowed 4 ☐ Divorced	12. Wes Decedent E Armed Forces? 1 ☐ Yes 2 ☑ N If Yes, Give Yeer or Detes:			Ves Decede I Yes, specif				ecify Yes or No- Rican, etc.)		14. Rece - American Indian, Bleck, White, etc. Specify: Black		
21215-0020	s 1 and 2 should be filed within 72 hours efter death with the Maryfar f Heelint and Mentel Hygiene is free them 23 a or 28a-f show fem 21 is marked other than "retural", or items 23a or 28a-f show other traumatic event, the Medical Examiner round be notified at	Completed	15. Decedent's Edu (Specify only highest grede Elementery/Secondery (0-12) 4th	cation e com <i>pleted)</i> College (1-4or 5		16e. Deced (Give life. L	lent's Usuei kind of work DO NOT use rer	Occup done retire	petion during most d)	t of work	ing	16b. Kind of B	uainess/ind	dustry	
b	other vent,	BeC	17. Fether's Neme (First, Middle, Last)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				18. Mothe	er's Nema	a (First, Middle,	Maiden Sumer	ne)		
/lai	should be and Mentel I and Ment	ToE	Demont Wilkerson						Ann	ie W	ill Mor	ris			
an	2 sho and I is me		19e. Intorment's Neme/Reletionship (Ty	pe, Print)		19b. Meilin	g Address (Street	and Numbe	er or Run	al Route Numbe	er, City or Town	, Stete, Zip	Code)	
2,	Heelth em 27		Calvin Wilkerson						ler R	oad,	Goldsb			636	
Baltimore, Maryland	permit. Peges 1 and Department of Heelth Important: If item 27 any injury or other tr once.		20e. Method of Disposition 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ R	emovel from State	cen	netery, cren	sition (Neme netary or oth	er ple		7	Dete 7/30/96	Coldet		12.43	
	artme vrtam Injury		4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerei Service ☐		UIIIC		. Neme end				730790	GOTUSI	,010,	rid.	
Ba	Depari Depari Impor any Irr		21. Signature of Farinary Convey								cal Home	2			
	Physician /Medical Examiner parameter permanent production product	Examiner	Immedieta Cause (Finel disease or condition resulting in death) Sequentieily list conditions, if any, leading to immediete cause. Enter Underlying Cause (Disease or Injury)	Due to (or e	es a consequence c	uence of):	1 V	ctio	010				1 Day	
Box 68760,	eath certificate be executed attending physician and for use as the burial-transit	ian/Medical	Cause (Disease or Injury that initiated events resulting In deeth) Last		Oue to (or e	a e conseq	uence of):								
P. O.	0 0 2	Physician	Pert II. Other significant conditions con					use gir	ven in Pert i		23b. Dfd 1	A /		the cause of death bably 4 Unknow	
of Vital Records,	aw requi	Completed by	Acute [Zeral	F	zilu	re				24a. Was perfo	an autopsy med?	av	are sutopsy tindings eilabla prior to mpletion of ceuse death?	
E		So									101	as 20 No	10	∃Yes 2□ No	
Ž	ysicien: The s certificate director, pag	Be	25. Was case reterred to medical examiner?	Inamital: /				0.1		of Deetl	h (Check only o	ne)			
	ng Phys fer this ineral di	ation: To	1 Yas 2 No 27. Mennar of Death 1 Neturel 5 Pending 2 Accident investigation	28e. Date of Injur (Month, Day	v 2	R/Outpatien 8b. Time of injury		c. Inju Wo			me 5 Residence 28d. Describe 1			y)	
Division	To the Hospital or Attendit within 24 hours efter death. To the Funeral Director: A completely filled in by the fu	Certification:	3 Suicide 6 Could not be determined	28e. Plece of Injubuilding, etc		e, ferm, str	et, factory,	office	r.		28f. Location (S City or Tox		ber or Aura	il Route Number,	
	he Hospi in 24 hour he Funera pletely fills	edicai	29e. Certifier (Check only one) 15 Certifying Phys	ician: To the best oner: On the basis of end mannar ste	examinetion	edge, deeth n end/or Inv	occurred et estigetion, l	the tie	me, deta en opinion, dee	d piece, th occurr	end due to the red et the time,	ceuse(s) end m dete end piece,	enner aa s and due to	tated. the ceuse(a)	
	To the To the Comp	M	29b. Signeture end title of certifier	r Sel	Des	11	7-		se number 3/3	76		7-2	-	Dey, Year)	
			30. Nema end addrass of person who co	mpieted causa ot da	eth (Itam 2	3a) (Type,	Print)							<u></u>	
			James Sides, M.D.	P.O. Box	x 496	, Deni	ton, M	lary	yland	216	529				

32. Ragistrar's Signetura

State Registrar



State of Maryland / Department of Health and Mental Hygiene 9 6

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						Cer	tificate of	Death	,	Reg. No.	U	.4101
		-7	1. Decedant's Nama (First, Middla,	Last)					2. Data of De Month	ath	Year	3. Tima of Death
	Physici /Medic		JOHN	F.	WILSO	N			JULY	27 1		2:05 AM
	Examir		4a. Facility Nama (ff not institution,	giva street and number)			4b. City, Town, or l	ocation of Deati			
			25701 EDGEVIEW					ROYAL			TAL	вот
	Funeral			Sax 7. A	ga (fn yrs. last 67	birthday) _ Yrs.	If Undar 1 Yaar Months Days	Hours Min.	(Month, Da	th ly, Year)	9. Birthpli Count	aca (Stata or Foreign ry)
	Director		Usual Rasidance of Dacedent		0 /	115.			DEC 15	, 1928	MARY	LAND
	land ta		10a. Stata 10b. County		10c. City, T	own or Loc	cation				10	d. Insida City Limits
	Mary Hear	ğ	MARYLAND 1	ALBOT		POV.	AL OAK					1 ☐ Yas 2 ☑ No
	r 28	Director	10e. Street and Number			1011	10f. Zip Coda			10g. Citizen of V	Vhat Count	ry?
	h with		25701 EDGEVI	EW RD			1	21662		USZ	Δ	
	deat	Funeral	11. Marital Status	12. Was Decedant Armed Forcas	Evar In U,S.	13. W	Vaa Decedant of I	Hispanic Origin? (Si an, Maxican, Puart	pecity Yas or No		e - Amarica	
Maryland 21215-0020	within 72 hours after death with the Maryland site. than "natural", or items 23s or 28s-f show he Medical Examinat trust be notified at	þ	1 ☐ Navar Married 2 🕅 Married 3 ☐ Widowed 4 ☐ Divorced	1 X Yas 2 ☐ If Yas, Giva Yaar or Datas:	No		☐ Yas 2XX		o riican, atc.)	Specify	k, Whita, a : W	HITE
5-0	72 hours "netural",	Completed	15. Decedant's (Specify only highast)		1	6a. Deced	ent'a Uauai Occu	pation during most of wor	kina	16b. Kind of Bu	sinass/Ind	ustry
121	jene. r than	du	Elementary/Secondary (0-12)	Collega (1-4or	5+)		<i>IO NOT u</i> sa <i>retire</i> XECUTIV	during most of wor d)		CONT	TRAC	DINC
22	70 70 6 80	ပိ	12 17. Fathar's Nama (First, Middle, La	etl		11/	ALCOIT V	18. Mothar's Nam	n /First Middle			LING
an	S E D	Be							W. Deathors.		a)	
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S	d the		LEONA P. WILS					42 ROYA				5000)
re,	# # # # #		20a. Mathod of Disposition		0.000	of Dispos	sition (Nama of natory or other pla	ion)	Data	20c. Location -	City or Tov	vn, State
Baltimore,			1 ☐ Burlai 2 ☐ Cramation 3 4 ☐ Donation 5 ☐ Other (Special Control of Contro	☐Ramoval from State city)	CHES	SAPE	AKE CRE	MATTON	-28	CHESTE	R, MI	21619
alti	교육관점		21. Signature of Funarai Sarvice Lic		CEN	PER J	Nama and Addre	ass of Facility				
m	Depa Impo any f		1						BEIN &	NEWNAM	FUN	ERAL HOM
	1 (44	П	23a. Part1. Entar tha disaasa, or co shock, or haart failura. List on	mplications that causa	d tha death. I	Do not anta	r tha moda of dyi	ARRISON ng, auch as cardiac	or respiratory a	SASTON, rrast,	MD	21601 Approximata
8	Physician		shock, of heart failule. Elst on									Interval Between Onset and Death
4	/Medical		immediata Causa (Finai disaasa or condition	NONS	MALL	CELL	_ WING	SCA			16	LEAC.
п	Examiner		rasulting in daath)	a	Due to (or as					-		
	po #	Examiner		b							į	
_	rtificate be executed ng physician and t as tha burial-transit	хаг	Sequentially list conditions, if any, leading to immediate		Dua to (or as	a conaequ	uance of):					
9	be a sician burie	alE	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that intitated events	c								
68760,	ficate phys	edicai	rasulting in daath) Last		Dua to (or as	a consequ	ianca of):				į	
Box	certi nding usa a	5		d								
	death e atten ed for u	Icla	Part ii. Other significant conditions	contribution to death h	uit not requities	is to the co	dash dan ani an at	una la Dant I	nah Did	tahanan una an	andhusa an	the cause of death?
P.O.	es that the death cer igned by the attendir be datached for usa	Physician/	amp	Contributing to death t	out not rauditin	g in are un	danying cadaa gr	van in Fan I.	72			ably 4 Unknown
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of Vital Records,	v requires been sign should be		DM						24a. Was	an autopsy omad?		re autopay findinga Itable prior to
BCC	77 60	ple							parie	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	con	pletion of cause eath?
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ita		Be	25. Was casa rafacred to medical axaminar?					26. Placa of Dea	th (Check only o	ona)		
2	Physician: this cartific ral director,	2	1 Yas 2 No	Hospital: 1 ☐ Inpati		Outpatient	3□ DOA Oth	nar: 4□ Nursing H	oma 50 Rasi	dance 6 Oth	er (Specify,)
Ĕ	ng Pl	on:	27. Manner of Death 1 ☑ Natural 5 ☐ Panding	28a. Data of Inju (Month, Da	lry Year) 28	b. Tima of injury	28c. Inju Wo		26d. Dascribe	how injury occurr	ed	
Sic	Attending ir death. ector: Aftai by the fune	cat	Accidant invastigat	he				Yas 2□No	-0/1 1 1	0		
Division	or Al	Certification:	4 ☐ Hornicida determine	208. Place of in	ic. (Specify)	, tarm, stre	et, factory, office		City or To	Street and Numb vn, Stata)	er or Hurai	Houte Number,
	pital ours a	0	29a. Certifier 1 Certifying F	Physician: To the beat	of my knowled	tae deeth	coourred at the ti	me data and sisca	and due to the	coupo(a) and ma	nnar an ata	atod
	To the Hospital or Attending Phywithin 24 hours after death. To the Funeral Director: After this completely filled in by the funeral	edical		aminar: On the besis of and mannar st	f axamination	and/or inve	astigation, in my	opinion, daath occu	rred at tha tima,	data and piace,	and dua to	tha causa(s)
	Vithin To the	Me	29b. Signature and title of certifier	1.0			29c. Licans	sa number		29d. Date ingned	Mghth, D	Pay, Year)
	F 3 F 0		> Klern H	& Kella	110)	DE	35256	,	7-179	191	
			30. Nama and address of person/wh	o complated causa of o	daath (Itam 23	a) (Type, P	Print)			1	1	0
								LN, EAS	ron, MI	21601		
	Sta		31. Data filed (Month, Day, Year)	32. Ragisti	rar's Signatura	i						
	Registr	ar	JUL 2 9	1996 Jul	hia Davids	on-Par	rdelle					

DHMH 16 Rav 6/95

A TOWN OF THE REST OF THE PARTY

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

24/02

Physician	
/Medical	
Examiner	

1430 PM

10d. Insida City Limits

1X Yes 2 No

Funeral

Director the Maryland 28a-f show 6 **Неття** 23а

traumatic event, the Medical Examiner must be notified at permit. Peges 1 and 2 should be filed within 72 hours after c Department of Heelth and Mentel Hygiene. Important: If Item 27 Is merked other than "natural, or item any injury or other traumetic event, the Head ellipse."

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

physicien and s the buriel-trensit or Attending Physician: The law requires that the death certificate be executed of for use es ed by the e signed by þ 9 director, page 2 should Completed certificate has Be 2 nours after deeth.

neral Director: After this y filled in by the funeral di this Certification: To the Hospital within 24 hours a To the Funeral Completely filled Hospital Medical

Records, P.O. Box 68760.

Division of Vital

1. Decedant's Name (First, Middle, Last) 2. Date of Death 202y, 1996 ANTHONY ELRIDGE WITTINGTON JULY 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Localion of Death 4c. County of Death 103 TEGLEMAN STREET OXFORD TALBOT 8. Dala of Birth Month, Day, Year) Aug. 24,1943 If Undar 1 Year Months Days 5. Social Security Number If Undar 24 Hrs. 7. Age (In yrs. last birthday) Birthplaca (State or Foreign
Country) Days 1**⊠**M 2□ F Hours 214-42-8472 52 Chester, PA Usual Residence of Decedent 10a Slate 10b. County 10c. City, Town or Location MD Talbot Oxford Director 10a. Street and Number 10f. Zip Code 10g. Citizen of What Country? 103 Tilghman Street 21654 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexicen, Puerto Ricen, atc.) 14. Race - American Indian. 1 ☐ Yes 2 🔯 No If Yes, Give Year or Dates: 1 X Never Married 2 Married 1 ☐ Yes 2 🖾 No Black Specify: ð 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elemantary/Sacondary (0-12) Collaga (1-4or 5+) 12th Painter Contract Painter 17. Falher's Nama (First, Middla, Last) 18. Mother's Name (First, Middla, Malden Surnama) Alpheus H. Whittington, Sr. Margaret Brummell 19b. Malting Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Coda) 19a, Informant's Name/Relationship (Type, Print) 100 Factory Street, Oxford MD 21654 Carrie M. Snead 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Slate 1 ☐ Burial 2 🖾 Cremalion 3 ☐ Removal from State Capitol Crematory 7/25/96 4 ☐ Donation 5 ☐ Other (Specify) Dover, Delaware 19901 22. Nama and Address of Facility Bennie Smith Funeral Home 426 Dover Street, Easton MD 21601 Enter the disaasa, or complications that ceused the death. Do not enter tha mode of dying, such as cerdiac or respiratory arrest, or haart failura. List only one cause on aech line. Immediata Cause (Final disaase or condition rasulting in death) Hypertensive Dua to (or as a consequence of): Examiner Sequantially list conditions Due to (or as a consequence of) Physician/Medical s e consequenca of):

ceuse. Entar Underlying Cause (Disease or injury	,		
that initiated events resulting in death) Last		Due to (or as e consequenca of):	
	d		
Part II. Other significant condi	tions contributing to	daath but not rasulting in the underlying ceuse givan in	n Pert f.

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably Munknown

24a. Was an eutopsy antial

24b. Wara autopsy findings available prior to completion of ceusa of death? 1 ☐ Yes 2 ☐ No

Approximata Interval Batween Onsat and Death

25.	Was cese examiner?	rafarrad	to	medicel
	examiner?	2 No		

27. Manner of Death 1 Natural 5 Panding Investigation 2 Accident

6 Could not be

JUL 2 9 1996

1 Inpatient 28a. Date of Injury (Month, Day Year)

2 ER/Outpatient 3 DOA 28b. Time of

28c. Injury at Work? 1 ☐ Yes 2 ☐ No

Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

29a. Cartifier (Check only one)

3 Suicide

4 Homicide

Certifying Physician: To tha best of my knowledga, death occurred at the time, data and place, and due to the ceusa(s) and mannar as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and mannar stated.

29b. Signature and titla of certifier

29c. Licansa number O.C.M.E 29d. Date signed (Month, Day, Year) JULY 23, 1996

28f. Location (Street and Number or Rural Routa Number, City or Town, State)

30. Name and address of person who complated ceuse of death (Item 23a) (Type, Print) LWO

(W)

28e. Place of Injury - At homa, ferm, street, factory, office building, atc. (Specify)

111 Penn Street, Baltimore, Maryland 21201

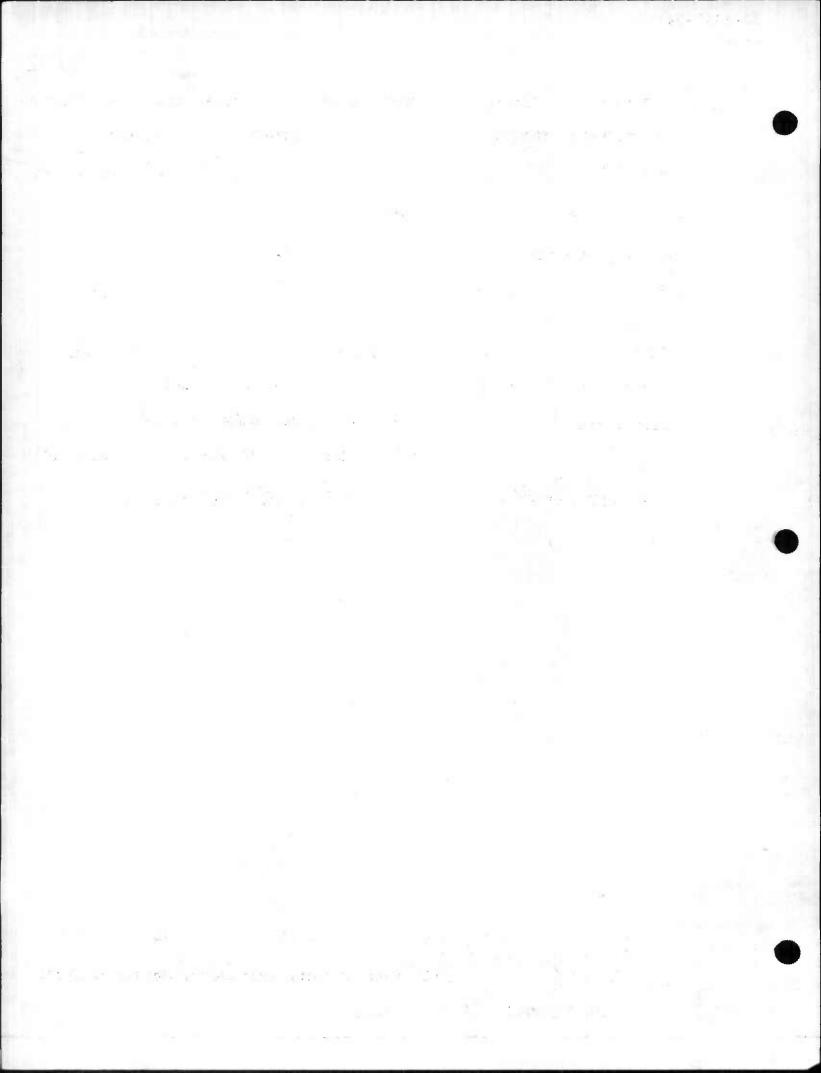
26. Place of Death (Check only one)

State Registrar 31. Date filed (Month, Day, Year)

32. Registrar's Signature

wite

I delin Navidson-Randall



State of Maryland / Department of Health and Mental Hygiene

96 24103

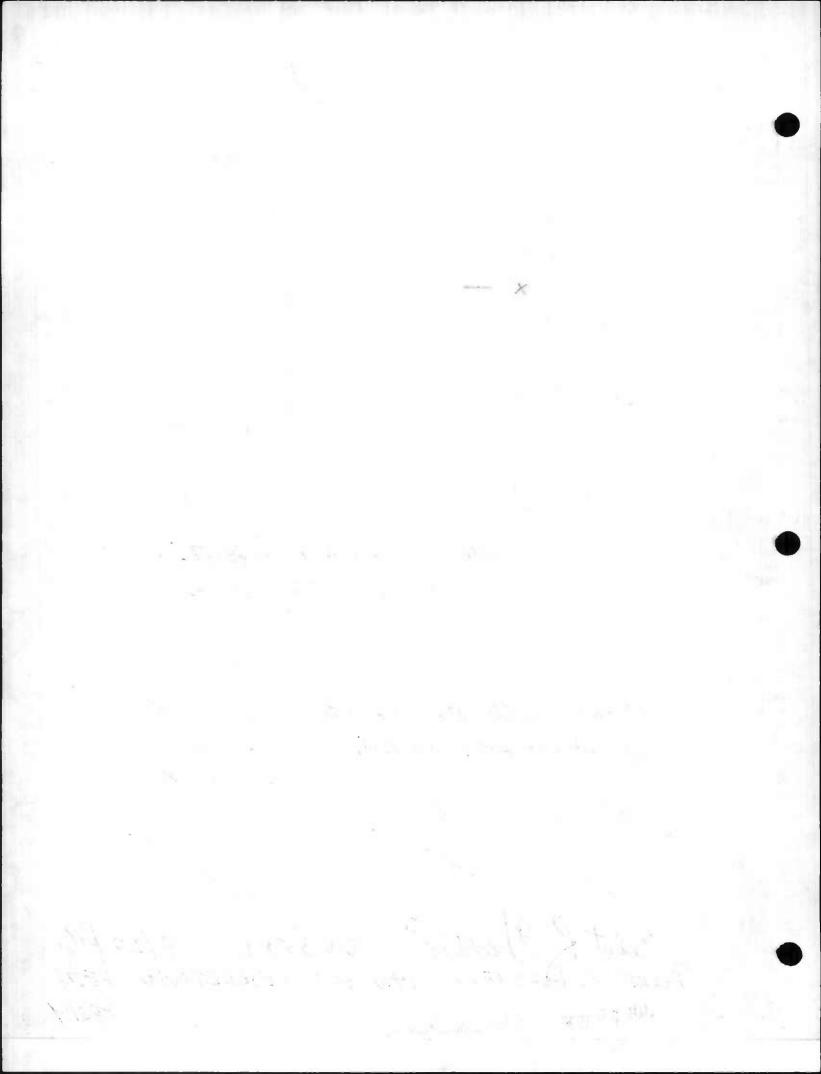
	_					Cer	tificat	e of	Death		R	eg. No.		tres i	100
	D 1		1. Decedent's Name (First, Middle, Last)							2. Date of Deet	h	Vees	3. Tir	ne of Death
	Physic /Medi		Antoinette	R. Wed	qe						July 14,	1996	Year	10:	15 A.M.
	Exami		4a. Facility Name (If not Institution, give						4b. City, Tow	m, or Lo	cation of Deeth	4c. Count	y of Deeth		
7			66 Herrington Drive						Upper	Mar1	boro	Prince	Georg	e's	
-	Funeral		5. Social Security Number 6. Se	x 7.,	Age (In yrs. last	t birthday)	If Under		if Under 2	4 Hrs.					ate or Foreign
т	Director	-	217-04-0303]м 2 XX F	26	Yrs.	Months	Days	Hours	Min.	8. Date of Birth (Month, Day, August 20), 1969	Mary		
Н	_		Usual Residence of Decedent									-			
	ylan		10a. State 10b. County		10c. City, T	Town or Lo							1	0d. insid	de City Limits
	Ma Ti	to	Maryland Prince Geo	nge's			U	pper	Mar1bor	О				1 🔣	Yes 2□No
	28 5	ě	10e. Street and Number				10f. Zip	Code			1	0g. Citizen of	What Cour	ntrv?	
	Sa o	0	66 Herrington Drive						20774			_	.A.	•	
	leath leath	Funeral Director		12. Was Deceder	nt Ever in U.S.	13. V	Vas Deced	dent of I		In? (Sp	ecify Yes or No-		ce - Americ	an Indie	on.
_	fler f	Ē	1 Never Married 2 Merried	Armed Force 1 ☐ Yes 2 [Puerto	ecify Yes or No- Rican, etc.)	Bla	ick, White,		
21215-0020	72 hours after death with the Maryland natural, or items 23a or 28s-f show deal Examiner must be notified at	þ	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Date:		1	I ☐ Yes	2 🔯 No	Specify:		,	Speci	fy: BI	ack	
0	2 hou	8	15. Decedent's Edu			6a. Deced	lent's Usua	al Occur	pation			16b. Kind of E	lusiness/Inc	dustry	
15	In 7	Completed	(Specify only highest grad	e completed)		(Give	kind of wo	rk done	during most	of work	ing			,	
212	filed within Hygiene. other than	E	Elementary/Secondary (0-12)	College (1-4o	r 5+)	Tea	acher	Anal	vst		y 1	Montgome	ery Cou	inty !	Schools
	Hyg Hyg		17. Father's Name (First, Middle, Last)							's Name	e (First, Middle, M				
an	Mentai Mentai arked o	o Be	Leo T. Simms								Evelyn Ch	ase			
Maryland	ges 1 and 2 should be filed within 72 hours after death with the Marylan it of Health and Mental Hygiene. It filem 27 is marked other than "natural", or Hems 23s or 28s-f show or other traumatic event, the Medical Examiner must be northed as	2	19a. Informant's Name/Relationship (7)	rne Print)		19h Maiiin	n Address	(Straal	t and Number		al Route Number		State Zin	Codel	•
Ma	d 2 s		Mrs. Peggy E. Chase (A								andywine,				
ø,	1 and Health am 27		20a. Method of Disposition		20h Piac			•				20c. Location		um Cta	to.
Ö	Pages tent of I mt: If Its iry or o		1 Ko Burial 2 □ Cremation 3 □ F	emoval from Star	te Achin	e of Disposetery, crem	hurch	ther pla	otory	7		Brandywi		_	
tim			4 Donation 5 Other (Specify)		ASDUI	y un c	Jiui Cii	Cali	euel y		/ 13/ 30 [or andywr	ric, ria	yıa	N
Baltimore,	permit. Page Department of Important: If any injury or once.		21. Signature of Funeral Service Licens	7 /	/ .	22	Roffi	ns F	uner a lity	lome.	Inc.				
	00 = 0		alley (16	10000		4339	Hunt	Place,	N.E.	. Washing	ton, D.(C. 200)19	
			23a. Part1. Enter the dise s , or cample shock, or heert fellivre List on your	cations that caus	ed the death.	Do not ente	er the mod	le of dyl	ng, such es c	ardlac	or respiretory arre	est,	Ī	Approx	dmate i Between
N	Physician		9	A .			1	1			1 1			Onset	and Death
ч	/Medical		immediate Cause (Final disease or condition	AC	RIIN	red	1	200	1111	11/4	dola	alu	111		
	Examiner		resulting In death)		Due to (or as	s a conseq	neuce of).	0 1	1000		defi	1	9		
Ц		Der					201100 01,1			9	1110	MM	0		
	eath certificate be executed attending physician and for use as the bunal-transit	Examiner	Sequentially list conditions). ————	Due to (or as	a conseq	uenca of):			_	-				
o,	exe an ar nial-t		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury		(1)										
68760,	e be	cai	that initiated events												
68	ficat pph as th	Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of):													
X	ndin		•												
m	death e atter ed for u	Physician	Death Other Leville												
0	that the de ed by the detached	1ys	Part II. Other significant conditions con	tributing to death	but not resultin	ig in the ur	nderlying c	ause gr	ven in Pert I.		,	2000			use of death?
0	es that the										1 U Y	s 2□No	3 Pro	bably	4 Unknown
Records,	law requires that the as been signed by th 2 should be detache	d by									240 Wee e	a aidenau	24h W	ore sudo	psy findings
Ö	v require been sign	Completed									24a. Was a		av	silable p	
Sec.	has b	npi											of	death?	
=	Page Page	S									1 □ Y€	s 2000	1[Yes	2)(No
Vital	Physician: The this certificata rai director, pag	Be	25. Was case referred to medical examiner?							of Death	n (Check only on	θ)			
of \	Physic this co	၉	1 ☐ Yes 2 ☐ No	lospital: 1 I inpa	tient 2 ER	/Outpatien	t 3□ DC	OA Ot	her: 4 Nun	sing Ho	me 5XXReside	nca 6 □Ot	her (Specif	y)	
		ü	27. Manner of Death 1 ☑Natural 5 ☐ Panding	28a. Dete of In (Month, E	jury 28	b. Time of Injury	2	8c. Inju Wo	ry at rk?		28d. Describe ho	w Injury occu	rred		
.0	Attending or death.	atic	2 Accident investigation			,	M		Yes 2□N	lo					
Division	i or Attendi after death Director: A d in by the f	Certification:	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide determined	28e. Piace of I	njury - At home etc. (Specify)	, farm, stre	et, factory	, office			28f. Location (St. City or Town		ber or Rura	l Route	Number,
Ö	Part of Direction	Ser.	-	bullding,	etc. (Specify)						Only or Town	, Olato)			
	To the Hospital of within 24 hours at To the Funeral D completaly filled it		29a. Certifier Certifying Phys	ilcian: To the bes	t of my knowle	dge, death	occurred	at the ti	me, date and	place,	and due to the ca	use(s) and m	anner as s	tated.	
	n Hc n 24 n Fu	edical	(Check only 2 Medical Examin	ner: On the basis and manner:	of examination	and/or Inv	estigation,	, in my o	opinion, death	occurr	ed at the time, da	ate and piaca	, and due to	the car	use(s)
	Vithin 2	M	29b. Signature and title olicentifier	// .	1. /		290	. Licens	se number		2	9d. Date sign	ed (Month,	Day, Ye	ar)
	->-0		1011ant	11/10	W	1		. 17	163	90)	711	17/1	6	
19	10		20 Name and address of	moleted as a second	doubt the co) o) (True		4	160	,		1	1.1		
(5)		11 1 1	mpleted cause of				-1 0		L vice A	dan Torrito	v0.7			
			31. Date filed (Month, Day, Year)	VIANI			oodyar	na Ko	ı., Clin	ton I	Maryland 2	U/			
	Sta	ite	1111 9 5 1000	A Hegis	trar's Signature	0									

•	-	01101
State of Maryland / Department of Health and Mental Hygiene	96	24101

						Cer	rtificat	e of	Death		Reg. No.	0 6	. 7 1	0 .
			1. Decedent's Nama (First, Middla,	Last)		-				2. Data of De	ath	Vaar	3. Time	a of Death
	Physici Medie/		Roderic Virgi	nius Wasek						July	IK, I	496°	07:	55 A.M
	Examir		4a. Facility Nama (If not Institution,	giva street and number)					4b. City, Town, or	Location of Death	4c. County	of Death		
			SHADY GROVE	ADVENTIST	HOS	PITAI			ROCKVIL	LE	MONTO	OMEE	V	
Г	Funeral			5. Sax 7. Ag 11≦ M 2□ F		ast birthday)	If Undar Months	1 Yaar Days	If Undar 24 Hrs.	8. Data of Bir (Month, Da	th v. Year)			ta or Foreign
	Director		219-48-4965	IESM ZLIF	50	Yrs.				Feb. 25	, 1946	Mary		
	pue *		Usual Residence of Decedant 10a. Stata 10b. County		10c City	, Town or Lo	cation					1/	nd Include	City Limits
	sho sho	5										10		as 2 No
	N e W	ecto	MD Montgo	mery	(Gaithe:		-						ao 2
	Vith t	ä	10e. Street and Number				10f. Zip		0070		10g. Citizan of \		iry?	
	23 a	ra a	51 Longmeadow D						0878			5.A.		
21215-0020	be filed within 72 hours efter death with the Meryland rite ltyglene. d other than "natural", or items 23a or 28a-f show event, the Medical Exercine must be notified at	by Funeral Director	11. Marital Status 1 □ Navar Married 2 □ Marrie 3 □ Widowad 4 ☒ Divorced	12. Was Dacedant Armed Forcas? d 1 ☐ Yas 2 ☑ I If Yas, Giva Yaar or Datas:			was Deced f Yas, sped l □ Yas		Hispanic Origin? (S pan, Maxicen, Puart Specify:	pecify Yas or No o Ricen, atc.)	Biad Specify	e - Amarico ck, Whita, a		,
ŏ	2 hou	8	15. Decedant's		1	16a. Deced	dant's Usua	al Occu	pation		16b. Kind of Br			
215	n n	Completed	(Spacify only highast	grada completed)		/Giva	kind of wo	rk done	during most of wor	rking				
217	filed within Hygiene. ther than ont, the the	E	Elementary/Secondery (0-12)	Collaga (1-4or 5)+)	Civil	Engi	nee	r		Civil E	ngine	erin	g Co.
	Hyg other	Bec	17. Fathar's Name (First, Middla, La	ist)					18. Mothar's Nar	ma (First, Middla,				0
a	ked be	To B	Robert Virginiu	s Wasek					Li11	ie B. S	truck			
Maryland	2 should be filed vent and Mentel Hygie is marked other is aumatic event, it	-	19a. Informant's Name/Ralationship	o (Type, Print)		19b. Meilin	ng Address	(Stree	t and Number or Ru	ıral Routa Numb	er, City or Town,	Stata, Zip	Coda)	
			Robert V. Wasek	/ Father		6106	84th	Ave	nue, New	Carroll	ton, Man	yland	1 20	784
Baltimore,	permit. Peges 1 and 2 Department of Health e Important: If Item 27 is any Injury or other tra once.		20e. Mathod of Disposition		20b. PI	ace of Dispo	sition (Na	ma of	200)	Data	20c. Location -	City or To	wn, Stata	
E O	ent o ent o rt: If y or		1 ☑ Buriai 2 ☐ Cramation 3 4 ☐ Donation 5 ☐ Other Spe			, .	,		tery 7/22	/1006	Brentwo	od M	2221	and
Ē	artmortar		21. Signature of Funaral Sarvige/Lin		10.				ass of Facility	/1990	DIEHEWO	ou, n	aryı	anu
Ö	Deparent Indoor	-	1 X -	K ()					sch's Son					
			23a Part Enter the dispass or or	omplications that caused	the death	47:	39 Ba	lti	more Aven	ue, Hya	ttsville	MD.	2078 Approxim	
	Observatoria		23a. Part I. Entar the diseasa, or co shock, or haart failera. List or	nly ona causa on aach li	18.	. Do not ann	ar tria irroc	a or ay	1	or respiratory a	11401,		Intarval I	Between nd Death
	Physician /Medical		Immediata Causa (Final	00 -			. /	. /	1-1-	1-1				1
	Examiner		disaasa or condition resulting in daeth)	a. ACUTE	14	your	MAI.	11	INTERL	170 N		/	YINC	ires
		ē			Due to (of	as a conseq	uance of):							
	uted I Insit	edicai Examiner		b	D							i		
,	avacci n anc	Exa	Saquantially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury		Dua to (or	as a conseq	uance or):					1		
68760,	death certificate be executed attending physician and ad for use es the buriel-transit	cai	Causa (Diseasa or Injury that initiated avants	C	Due to fee		(he ee ee)							
68	g phy es th		rasulting in death) Last		DUM TO (OF	as a consequ	uarice or):							
Вох	certifi nding use ea	M		d										
Ď	het the death cer ad by the attendir detached for use	Physician/	Death Other stands and distance							005 014			44	
<u>Р</u> .	y the	Jys	Part II. Other significant conditions	contributing to death bi	it not rasu	iting in the ur	ndariying d	eusa g	ivan in Part I.		tobacco uss co	. /		
	thet bed b									10	Yss 2□ No	3 Perob	шону ч	l 🗌 Unknown
Records,	The law requires thet the ate has been signed by the page 2 should be detache	d by								24a. Was	an autopsy	24b. Wa	ra autop	sy findings
Ö	been s	Completed							·	perto	ormed?	cor	llable pri	
Re	has ge 2	E D									V		laath?	
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ō	this ral di	-	1 ☐ Yas 2 ☒ No 27. Manger of Death	1 ☐ Inpatia	-	R/Outpatien 28b. Tima of	-	20	4 LI MUISHING F	ioma 5 ☐ Rasi	dence 6 □Oth how injury occur)	
Lo	After After fune	tion	1 Matural 5 ☐ Panding	(Month, Day	Year)	Injury	M	28c. Inju Wo	ork?]Yas 2∐No	200. 0 6301106	now injury occur	160		
8	Attanding or death. ector: After by the fune	ertification:	3 ☐ Suicida 6 ☐ Could no	l be	ırv - At ho	ma farm str			111-5	28f. Location (Straet and Numb	er or Rura	Route N	lumber.
<u>></u>	Or A Direct	erti	4 ☐ Homicide detarmin	28e. Plece of Inju- building, ato	. (Spacify)	oot, ractor	y, 01110e	'	City or To		or or riara	11001011	unibor,
	ours ours oral	O	29a. Cartifiar 1 Sertifying	Physician: To the best of	of my know	dedos desth	occurred	at the t	lme date and place	and due to the	cause(s) and ma	anner ec et	ated	
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	o the	Me	295. Signature and title of pertitier	11			290	c. Lican	sa number	,	29d. Data signe	d (Month, i	Day, Yea	r)
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	(6)		30 Nama and address of person wh	ocompleted ceusa of d	eatri (Itam	∠38) (Type, I	ennt)	0	37024 erten	> -	10.6	110	M	11
	- 61	10	31. Date filed (Month, Day, Yaar)	ROUR 9	ar's Signat	ura .	1691	_ 6	spire !	MINE	MECILL	1116	, (a.
	Sta Registr	-	1111 2 9 100			P. 1 11								

DHMH 16 Rev 6/95

	I	TEM#12 g738 8/1			Department Certificate			and N	lental Hy	giene (96	2410	15
Physic		1. Decedent's Neme (First, Midd	de, Last)						2. Date of De	eth	Yaar	3. Time of D	
/Med Exam	ical	BERNARD 4a. Facility Name (If not institution	YOOD	per)		4	b. City. To	wn. or Lo	JULY 2		ty of Deat	12:32	AM
Exam	mer	SUBURBAN HOS		,			BETH				TGOME		
Directo		5. Social Security Number 026-34-0030 Usual Residence of Decedent	6. Sex 7.	. Age (In yrs. last bi	rthday) If Undar Yrs. Months	1 Year Days	If Under : Hours	24 Hrs. Min.	8. Date of Bi Month, Di JAN 4	nth Year) 19 07	9. Birti Co ENC	hplace (State or i	Foreign
yland wor		10a. State 10b. County	4	10c. City, Tov	n or Location							10d. Inside City	Limits
h the Maryland r 28a-f show	Director		GOMERY	BE'	THESDA							¹ ☐ Yes X	X No
with the salar or 2	ă	10e. Street and Number 4925 BATTERY L.	ANF		10f. Zip (208	1.4			10g. Citizen o			
death	Funeral	11. Marital Status	12. Was Decede		13. Was Decede			pin? (Sp	ecify Yes or No		ace - Ama	rican Indian,	
15-0020 72 hours effer death with the Manyland "natural", or itema 23a or 28a-f show egical Examiner man be notified at	by Fu	1 Never Married 2 Mar	If Yes Give	STINO	1 ☐ Yes 2			, Puerto	Hicen, atc.)	Spec	ack, White	a, atc. HITE	
5-00 2 hour	ted t	15. Decede	nt's Educetion		. Decedent's Usual	Occupa	atlon			16b. Kind of			-
Z = = = 3	Completed	(Spacify only higher Elementary/Secondary (0-12)	est grada completed) College (1-4	or 5+)	(Give kind of work life. DO NOT use	lu <i>ring</i> m <i>ost</i> i)	of work	ing					
		17. Father's Name (First, Middle	Last)		PHYSIC	CIAN	18 Mothe	r's Nam	e (First Middle	PSYCHI Maiden Sumi		-	
# 0 # D •	To Be	CHAIM YOOD	,				DINA			, maison barri			
re, Maryla s 1 and 2 should f Health end Men tem 27 is marks other traumatic		19a. Intorment's Neme/Relation	shlp (Type, Print)	198	o. Mailing Address	(Street e	and Numbe	r or Run	al Route Numb	er, City or Tow	n, Stete, Z	(ip Code)	
		CARL M. YOOD (20a. Method of Disposition	SON)		15 CANDY of Disposition (Name		E-AMH	ERST	OHIO Date	44001 20c. Location	- City or	Town State	
Pages nent of I		1X Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (5		ate cemete	ry, crematory or oti RE TEFILA	her place	e)	7	-29-96			ASSACHUS	SETT
Baltimore, permit. Pages 1 a Department of Hee Important: If item any injury or othe once.		21. Signature of Funaral Service	Licensee		DANZANS	Addres KY-(GOLDB	ERG	MEMORIA	AL CHAP	ELS 1	INC.	
205 40		23a. Part1. Enter the diseasa, o shock, or heart tailure. Lts	Stone	ana		-					ARYLA	Approximate	2
I Records, P.O. Box 68760, The law requires that the death certificate be executed to the law requires that the death certificate be executed to the attending physician and page 2 should be detached for use as the buriel-transit	edical Examiner	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury that initiated events resulting in death) Lest	a	Due to (or as a	consequence of):	M	ten	1	dise	us C			
P.O. BOX 6 that the death certific ed by the attending c detached for use as	Physician/M	Part II. Other algnificant conditi								tobacco use o		to the cause of obably 4 U	
Records, P he law requires that te has been signed to age 2 should be deter	d by	0 /	how so we	n			/		24a Wes	en autopsy	24b. V	Vere autopsy tind	dinas
aw req	Completed	Cerel	nova we	an ac	udents				perfe	ormed?	8	vallable prior to complation of cau of death?	
The law ate has page 2	Com								10	Yes No	1	□Yas 2□N	0
of Vital R Physicien: The is ribls certificate ha rial director, page	Be	25. Was cese referred to medice examiner?	Hospital:	. /		Othe		of Deat	h (Check only	ona)			
이 등 등 등	n: To	1 ☐ Yes 2 ☐ Yo 27. Manner of Death	28a. Date of I	njury 28b.	utpatient 3 DO/	ic Injury Work	4 LI NUI	-		dence 6 00 how Injury occ	-	cify)	
VISION Attending or death. ector: After by the fune	atlo	1 Netural 5 Pendii 2 Accident Investi	igation	Dey Year)	mjury M		res 2 1	No		/			
Division of Vital To the Hospital or Attending Physician: 7 within 24 hours after death. To the Funeral Director: After this certifical completely filled in by the funeral director, p	Certification:	3 Sulcide 6 Could determ	ninod 206. Philosoph	Injury - Althome, for etc. (Specify)	arm, street, factory,	office			28f. Location (City or To	Street and Nun	ber or Ru	ral Route Numbe	W.
To the Hospital or / within 24 hours after To the Funeral Director Completely filled in the complete of the co	edical	29e. Certifier (Check only one) Certifyir 2 Medical	ng Physician: To the be Examiner: On the basis end manner	s of examination an	e, deeth occurred a d/or investigation, i	t the time	e, dete and pinion, deat	i plece, h occurr	end due to the ed at the time,	cause(s) and r dete end place	nenner as , and due	atated. to the ceuse(s)	
To th withir To th	Me	29b. Signature and title of certified	$\Omega - \Lambda \Lambda$	ustew	29c. T		number 35	8	1	29d. Date sign	27	Day, Year	7
(10)		30. Name and address of person	who completed cause of	of deeth (Item 23e)	(Type, Print)					Town	/	BETTA	
St Regist	ate rar	31. Date tiled (Month, Dey, Year)		istrar's Signature								10814	,
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BALTIMORE, MARYLAND 21215-0020

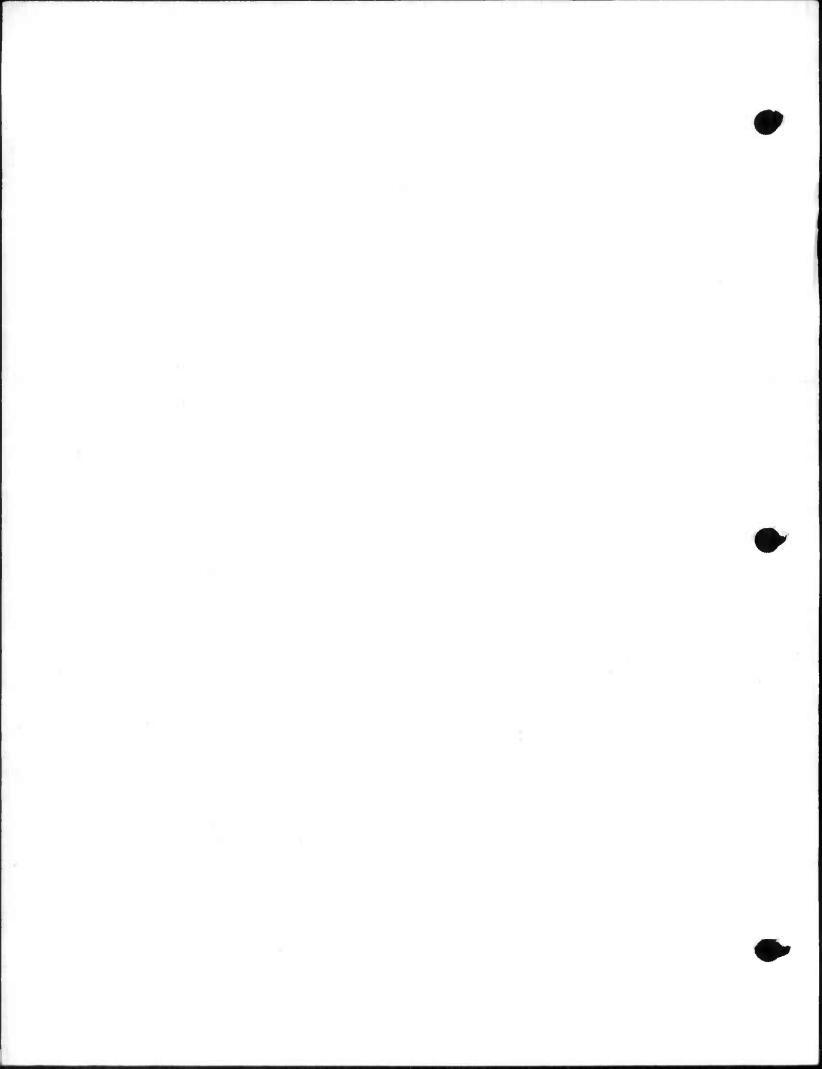
DIVISION OF VITAL RECORDS, P.O. BOX 68760

		1 permit. Pages		
	ding physician.	the burial-trans		
	hospital or atten	sched for use as		.00
	retained by the	5 should be det		notified at one
	Page 6 may be	al director, page		ner must be I
	nours after death.	d in by the funer	or removal.	medical exam
	Cuted withings	d completely fille	urial, cremation,	tic event, the
	certificate be ext	ding physician ar	lygiene prior to t	other trauma
4	s mar me deam	ned by the atten	ath and Mental P	any Injury, or
	ine iaw require	ate has been sig	tate Dept. of Hea	tem 23 shows
Training District	JING PHYSICIAN	After this certific	death with the S	marked, or I
STATE OF STREET	IN THE HUSHIAL U.A. ALIENDING PHYSICIANS THE IBM REQUIRES DIRECT BE DESCRIBED WITHINFES FROM STATES DESCRIBED.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Panes	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
20001 2102 02	IN THE HOSE	TO THE FUNE	be filed within	IMPORTANT

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

BEG NO.

-	TEGIOTIAN		-	FULL.	CAIL	. Or	DEAL	П		HEG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	**							2, DATE	OF DEATH	Y	YEAR	3. TIME OF DEATH	
		Yuen Yan						Ju]	Ly 24,	22:04 M				
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. la	lest birthday) IF UNDER 1 YEAR MONTHS DAYS			IF UNDER	24 HRS.		OF BIRTH	8. BIRTHPLA Country)		IPLACE (State or Foreign	
	013-68-0405	1 XM 2 F	81	YRS.						10,19		Jap		
œ	98. FACILITY NAME (If not institution, give stands GROVE AD)	treet and number) VENTTST	HOSPT	ידיא ד.	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY O									
DIRECTOR	RESIDENCE OF DECEDENT	VERTIBI	11001 1	TVT	AL ROCKVILLE MONTGO							TGO.	MERY	
EC	10e. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN Q	R LOCAT	ION						10d. INSIDE CITY	
	Maryland Mont	gomery			Gai	ithe	rsbu	rg					LIMITS?	
AL	10e. STREET AND NUMBER					101	ZIP CODE				10g. CIT	IZEN OF V	VHAT COUNTRY?	
FUNERAL	18904 Montgomery	Village A	venue				2087	9			Un	ited	States	
J.	11. MARITAL STATUS 1 Never Married 2 Nerried	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AF	NO	13. V	VAS DEC	ENDENT O	F HISPAN	IIC ORIGI	N? (Specify Yes Rican, atc.)	or No-	14. RACI	E — American Indian, k, White, atc.	
BY	3 . Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES				2 📉 NO			,		Speci	lly:	
	15. DECEDENT'S EDUC	CATION	16a, DE	CEDENT'S	USUAL OC	CUPATIO	N.		161	. KIND OF BUS	INFSS/INI	DUSTRY	Asian	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	- Dide	live kind of v Do NOT us	rork done di e retired.)	uring mo	st of workin	g						
AP.	12)wner					F	rintin	g Co	mpan	у	
Ö	17. FATHER'S NAME (First, Middle, Last)						16. MOTH	ER'S NAI	ME (First,	Middle, Maiden	Sumame)			
BE	Fung Ming Ya	m						N	yan-	-Ho Lo				
2	19a. INFORMANT'S NAME (Type/Print)									ber, City or Town				
	Kwai Fung Yam/Wif	e	7				-		0				sburg, MD	
	20a. METHOD OF DISPOSITION 12 Burial 2 Cremation 3 Remo	oval from State	20b. PLACE cemetery, cre	AND DATE O	F DISPOSI her plece)	TION	Ty 2	9, 1	996	20c. LOC		City or To		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Park	Lawn .	Memo 1	CLAI	Par	K OF FAC	CHITY T	Koc	KV11	ile,	Maryland	
8	Home/Rockville, Inc., 300 W. Montgomery Ave													
	23. PART I. Enter the diseases, pro	· Sulli		00348	Roc	ckvi	lle,	Mar	ylar	1d 208	50-2	805		
	anock, or neart failure.	List only one caus	e on each line).	or enter i	the mo	ae or ayı	ng, aucr	n as car	disc or respir	ratory an	rest,	Approximate Interval Between	
	IMMEDIATE CAUSE (Finel disease or condition	MOTA	STGTir	· Pancreatic Carcinoma							- I On		MMHHS	
	resulting in death)		OR AS A CONSE			-	116	- ('	41 01	0011(1)			Promis	
z		b.												
일	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	QUENCE OF	7):									
5	CAUSE (Disease or Injury	DUE TO #	DB 45 4 CONOC	MENOE OF										
CERTIFICATION	that initiated events resulting in death) LAST	000 10 (0	OR AS A CONSE	JUENCE OF	·}:									
E		f											1	
AL	PART II. Other algnificent condition	e contributing to d	leath but not i	eaulting i	n the und	dariying	cause g	iven in I	Part I.	24a, WAS AN /		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
EDICAL	Malnuthition	9								1 - YES 2	X NO		COMPLETION OF CAUSE OF DEATH?	
ME													1 TYES 2 NO	
N.	DID TOBACCO USE CONTR	RIBUTE TO CAU					UNC	ERTAIN	4 🔯				·	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		E OF DEAT	OTHER	:								
448	27. MANNER OF DEATH	1 Inpatient 2 28a, DATE OF II		DOA 26b. TIME	4 - Nursi	ng Home		sidence (SCRIBE HOW IN		~		
	1 Netural 5 Pending	(Month, Day		INJI		WO		l no	28G. DE:	SCHIBE HOW IN	JURY OC	CURED		
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF	INJURY — At ho	me, farm, s	treet, factor			7 12 1	26f. LOC	ATION (Street ar	nd Number	or Rural F	loute Number.	
COMPLETED	4 Homicide determined	bullaing, e	tc. (Specify)						City	or Town, State)				
2	29a. CERTIFIER Check only	CIAN: To the best of m	ny knowledge, de	ath occurre	d at the tin	ne, data	and place,	and due	to the car	use(s) and man	ner as star	led.		
MO	one) 2 MEDICAL EXAMINES) end manner ee stated.	
Ö	296. SIGNATURE AND TITLE OF CENTIFIER	1.	_				29c. LIÇE	NSE NUM	IBER		29d, DAT	E SIGNED	(Month, Day, Year)	
ω	My Leve	m M	0					44			▶ J	ULV	25,1996	
유	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type,	Print)		_		0	,		1		
	Mark Gogs	2, 47		21 (a	V QQ	nre	e D	ive	14	schwill	C, 1	no	20850	
						_								
	JUL 3 0 1996	32 REGISTRAR	'S SIGNATURE											



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Dete of Death 3. Tima of Death Day Yaar

Physician	
/Medical	
Examiner	

Funeral Director

Director

Funeral

Š

with the Marylend 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at permit. Peges 1 and 2 should be filed within 72 hours effer death with Department of Health and Mental Hygiene. Important: If item 27 is merked other than "---- any injury or other traumette."

Physician /Medical Examiner

Examiner

Physician/Medical

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3 Suicida

4 Homicide

AUG 14

physician end the buriel-transit the deeth certificate be executed Box 68760 esn ed by the e Records, P.O. signed by t peeu has Division of Vital funeral director, Certification: After I or Attending efter death. Director: Aft etely filled in by ne Hospital o in 24 hours el

1. Decedant's Nama (First, Middla, Last) 1996 AKKUZU AUGUST 13, 10:20 AM FIKRI 4a. Facility Name (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death BALTIMORE CITY THE JOHNS HOPKINS HOSPITAL If Undar 1 Yaar If Undar 24 Hrs.
Months Days Hours Min. 8. Data of Birth (Month, Dey, Year) 8/20/1937 7. Aga (In yrs. last birthday) Birthplace (Stata or Foreign Country) Days 1**X**M 2□ F N/A Yrs 58 Ankara, Turkey Usual Residence of Decedent 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits Turkey Adana 1 ☐ Yas 2 ☐ No 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? Ziya-Pasa-Bul-Ser- Apt. 7-49 Turkey 12. Was Decedant Evar In U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-It Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian, Black, Whita, atc. 1 Yas 2 No If Yas, Giva Yaar or Datas: 1 Navar Married 2 X Married 1 ☐ Yas 2 No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) Collega (1-4or 5+) Holding Company 12th CEO- KOC Holding Co. 18. Mothar'a Nama (First, Middla, Maldan Surnama) 17. Fathar's Nama (First, Middla, Last) Mehriye Sabri Akkuzu 19a. Informant's Name/Ralationship (Type, Print) Son 19b. Malling Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Basar Akkuzu 4000 N. Charles Street, Baltimore, Md 21218 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cramation 3 🖫 Ramoval from Stata Adana, Asri-Mezarligi B/18/95 4 □ Donation 5 □Othar (Specify) Buria1 Turkey 22. Nama and Addrass of Facility Joseph N. Zannino Jr. F.H. 21. Signator of Funaral Sarvice Licenses 263 S. Conkling St. Baltimore, Md. 21224 23a Lart 1. Entar the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, hock, or heart tellure. List on one cause on each line. Approximeta Intarval Between Onset and Death Immediata Causa (Final disaasa or condition rasulting in death) . PULMONARY HEMORRHAGE HOURS Due to (or as a consequence ot): 6 ERYTHROCYTE PHAGOCYTOS IS Sequentially list conditions, if any, laading to immadiata cause. Entar Undarlying Causa (Disease or Injury that initiated evants rasulting in death) Lest Dua to (or as a consequence ot): c. CHRONIC LYMPHOCYTIC LEUKEMIA

Dua to (or as a consequence of):

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown

ACUTE RENAL FAILURE

24b. Wara autopsy findings available prior to complation of cause of death? 24a. Was an autopsy performed? 1 ☐ Yas 2 No 1 ☐ Yas 2 ☐ No

25. Wes casa rafarred to medical axaminar? Hospital: 1 Inpatiant 2 ER/Outpatlant 3 DOA 1 TYas 250 No 28a. Dete of Injury (Month, Dey Year) 27. Manner ot Death 28b. Time of 1 Neturel 5 Panding

28c. Injury at Work? 28a. Placa of Injury - At homa, farm, streat, factory, office building, etc. (Specify)

1 ☐ Yes 2 ☐ No 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

29a. Certifiar (Check only one) 29b. Signatura and titla ot certiflar

invastigation

6 Could not be

156 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the best of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Data signed (Month, Day, Year) 29c. Licansa number

Other: 4 ☐ Nursing Homa 5 ☐ Residenca 6 ☐ Othar (Specify)

28d. Describe how injury occurred

26. Placa of Death (Check only one)

Kryptn R. Wagner, MD

N9772

AUGUST 13, 1996

30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print)

R. WAGNER 600 WOLFE STREET BALTIMORE CITY, MD 21287 KRYSTN

State Registrar



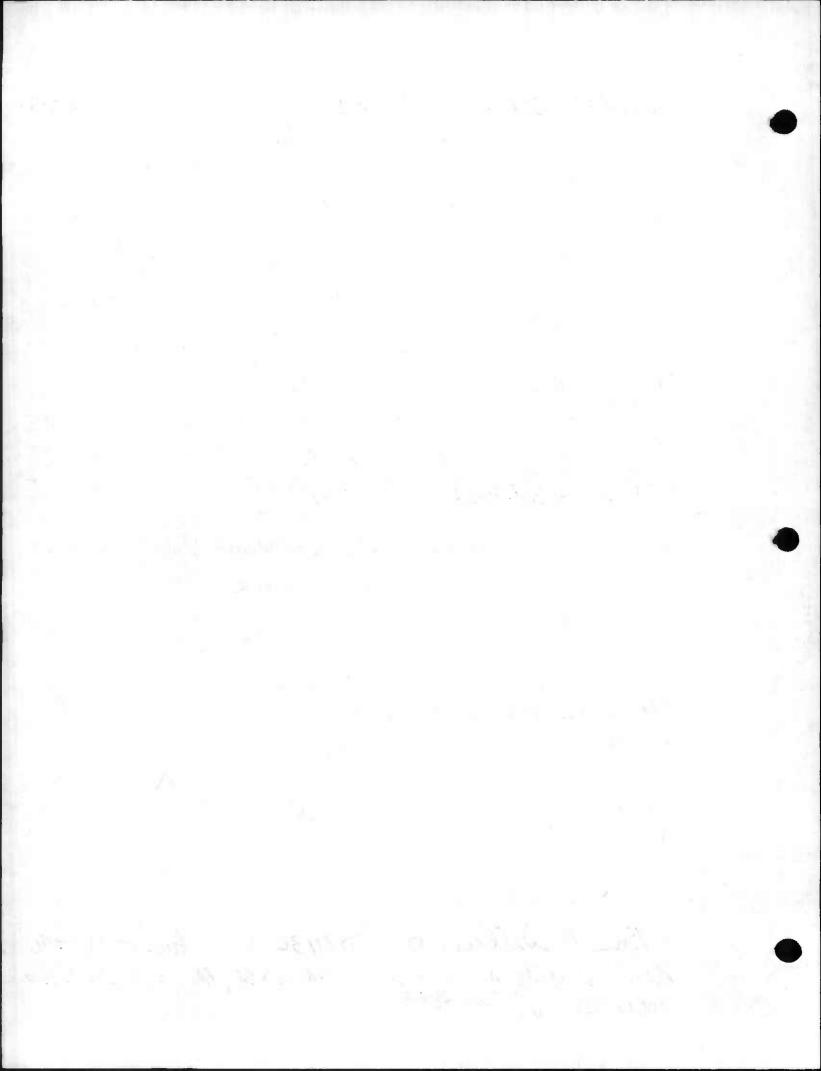
and the second of the second o

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** BIVINS STANLEY 996 350 /Medicai 4e. Facility Name (If not institution, give straat and number, 4b. City, Jown, or Location of Death 4c. County of Deeth **Examiner** medica Ba 8. Date of Birth (Month, Dey, Year) 5. Sociel Sacurity Number if Under 1 Year If Undar 24 Hrs. 7. Age (In yrs. lest birthday) **Funeral** Birthplaca (Steta or Foreign Country) 100 M 2□ F Days Hours 18-44-8398 11 G Vrs Director 10e State 10b. County 10d. Inside City Limits 28a-f ehow the Medical Examiner must be notified Director NA Balt 1 Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 5 736 McCabe 21212 'natural', or items 23a 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 Ø No If Yes, Giva Yaer or Detes: Was Decedent of Hispanic Origin? (Spacify Yas or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indian Bieck, Whita, atc. 11. Maritel Stetus Never Merried 2 Married Baltimore, Maryland 21215-0020 1 □ Yes 2 KNo Specify: 9 Specify: Black 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If flam 27 is merked other than eny Injury or other traumetic. Collega (1-4or 5+) Elamantary/Secondary (0-12) aburer 12 Construct 17. Fethar's Nama (First, Middla, Last) 18. Mother's Nema (First, Middle, Meiden Sumeme) Vances 19s. Informent's Neme/Ralationship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 5222 2ticks-Mother Ave Bulto Ivence mol ances 20b. Plece of Disposition (Name of cemetery cremetory or other plece) 20e. Mathod of Disposition Dete 20c Location - City or Town, State 1 Burlai 2 □ Cremetion 3 □ Removel from State Randallstown, mo 4 □ Donetion 5 □ Other (Specify) mem a of Funeral Service Licenses Name end Address of Facility H Wes and Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. UKes Balty, MG Approximata Interval Batwe interval Batween Onset end Deeth **Physician** HEPATORINAL /Medicai Immediate Cause (Finel WEEKS diseese or condition rasulting in death) Examiner Physician/Medical Examiner IRRAOSIS The law requires that the death certificate be executed buriel-transit Saquentielly list conditions, if eny, leeding to immediata causa. Entar Underlying Cause (Diseese or Injury that initiated avants rasulting in deeth) Lest P.O. Box 68760, Dua to (or as a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 □ Probably 4 Unknown 1 | Yes 2 | No Division of Vital Records. by Be Completed 24b. Wera autopsy findings eveilebla prior to completion of cause of death? director, page 2 should 24e. Wes an eutopsy performed? POSITIVE 1 ☐ Yes 2 No certificate Hospital or Attending Physician: 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) Hospital: 1 ☐ Inpatiant 1 ☐ Yes 2 ☐ No Other: Certification: To Nursing Home 5 Residence 6 Other (Specify) 2 ER/Outpetient 3 DOA this 27. Menner of Deeth the funeral 28c. Injury of Work? 28d. Describe how injury occurred 28e. Dete of Injury (Month, Dey Year) 28b. Tima of After 1 Neturei 2 Accidant 5 Pending investigation death. 1 Yes 2 No To the Hospital or Attendi within 24 hours effer death. To the Funeral Director: A 6 Could not be datarmined 3 Sulcida 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, State) filled in by 4 Homloide 29a. Certifier 15 Certifying Physician: To the best of my knowledge, daath occurred et the time, dete end pleca, end dua to the cause(s) and mannar es stated.
2 Medical Examiner: On the basis of examinetion end/or invastigetion, in my opinion, deeth occurred et tha tima, data and plece, and due to the ceuse(s) and menner stated. Medical 29b. Signature and title of certifier 29c. Licansa number

611 S. CHARLES ST. BAR

State Registrar 31. Data filed (Month, Day, Year) AUG 1 4 1996

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DIVISION OF VITAL RECORDS, P.O. BOX 6876

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y be retained by the hospital or attending physician.	age 5 should be detached for use as the burial-transit permit. Pages 1, 2,	be notified at once.
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, be filed within 72 hours after death with the State Deor, of Health and Mental Hydree prior to burial, comparion, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

96 24109 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH Darie rown aufust 7:30P 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. Jebruary 23 38-YRS. Farmville 9a. FACILITY NAME (If not institution OR LOCATION OF DEATH DIRECTOR Ctimore none. CEDENT 10b. COUNTY 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY none Baltimore YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 25 21215 U.S.A 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cubsn, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11 MARITAL STATUS WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. 2 Married IF YES, GIVE WAR OR DATESUNKNOWN BY Specify: Black 3 Wildowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION secify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY mentary/Secondary (0-12) College (1-4 or 8+) unknown unknown unknown unknown 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Maiden Surname) George James BE Virginia Morton 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Christine Yarbough/Cousin unknown in 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State 1 Buriel 2 Cremetion 3 Removal from State
4 Donation 5 C Other (Specify) STATE 70 M. 21. SIGNATURE OF PUNERAL SERVICE LICENSEE
RONALD S, Wade, Dir. 22. NAME AND ADDRESS OF FACILITY State Anatomy Board-655 W. Baltimore Street Mode Baltimore, Maryland 21201-1559 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition DUE TO (OR AS A CONSEQUENCE OF): resulting in death) ration CERTIFICATION Sequentially list conditions, if any, leading to immediate Concerma cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in death) LAST PART II. Other significent conditions contributing to daeth but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO INCERTAIN I 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: HOSPITAL 1 WES 2 NO 1 Inpetiant 2 ER/Outpetient 3 DOA Norsing Home 5 - Residence 6 - Other (Specify) 28a. OATE OF INJURY (Month, Day, Year) 27. MANNER OF CEATH 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED Natural 6 Pending 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide determined

29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated,

296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER ED (Month, Day, Year)

30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TYEM 27) (Type, Print) 183R

D 415

Please	Type or Print in I State of Marylar	nd / Depart	ment of I	Health and				:110
		Certi	ficate of	Death	Re	g. No.		1110
1. Decedent's Name (First, Middla, La					2. Data of Death Month	Day	Yaar	ime of Death
	LARK BUETTNER			Ab Ciby Town or	AUGUST	7		:ooPM
4a. Facility Name (If not institution, gi					Location of Death	4c. County		
405 Rosebank Ave 5. Social Security Number 6.5	Sev 7 Age (In ure	last birthday)	f Under 1 Yaar	Baltimo			9 Birtholace /	Stete or Foreign
212-18-0220	1 M 2 T F 94		lonths Days	Hours Mir	8. Data of Birth (Month, Day, July 27	1902	Maryla	
Usuai Residence of Decedent					loui) Li	1502	nai jiu	10
10a. State 10b. County	10c. Ci	ty, Town or Locati	ion					side City Limits
Maryland N/A		Baltimo					//	Yes 2 No
10e. Street and Number			10f. Zip Code		10	A CONTRACTOR	What Country?	
405 Rosebank Aven		12 Wes	2121		S		ISA American Ind	la a
11. Marital Statua 1 Nevar Married 2 Married	12. Was Decedent Evar in U Armed Forces? 1 ☐ Yes 2 X No	it Ye	as, specify Cut	ean, Mexican, Pua	Specify Yes or No- rto Rican, etc.)		e - Amarican Ind ck, White, atc.	ian,
3)(□(Widowed 4 □ Divorced	if Yaa, Giva Year or Dates:	10	Yaa 2(XNo	Specify:		Specify		
15. Decedent's E	ducation	18a, Decedent	t's Usual Occu	pation		6b. Kind of Bu	Whit	3
(Specify only highast gra Elementary/Secondary (0-12)	de com <i>plated)</i> Coilege (1-4or 5+)	(Give kind		during most of we	orking			
12	College (1-401 ST)	Home	emaker			Own Hom	ie	
17. Father's Nama (First, Middle, Last				18. Mother's Na	ime (First, Middle, M	laiden Sumem	(e)	
Henry Stanislaus	Clark			Marga	ret Jennir	ngs		
Margaret D. Buet					Baltimore	-		
20e. Method of Disposition Burial 2 Cremation 3 Cremation 5 Other (Specification of Specification	Removal from State St	6500	Church ame and Addre	Cemetery Ass of Facility Mitch Road Bal	8/15/96 hell-Wiede timore, Ma	Texas, efeld H	lome 1 21212	
Immediate Causa (Final disaasa or condition resulting in death)	a. Demen	Tig or as a consequer	nce ofi:				Onse	t and Death
Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	b. Cerebra Dua to (c c. OS PEO) Dua to (c d. Recur	or as a consequer	,	sease				
Pert ii. Other significant conditions of	ontributing to death but not res	ulting in the unde	rlying cause gi	ven in Part i.	23b. Did tob		ntribute to the c	ause of death?
110116					24a. Was an perform	autopsy ed?	24b. Were aut available	opsy tindings prior to on of cause
					1 ☐ Yes	2 2000	of death?	
25. Was case referred to medical examiner?				26. Place of De	eath (Check only ona)		
1 ☐ Yes 2 No 27. Manper of Death	Hospitai: 1 ☐ inpatient 2 ☐	ER/Outpatient	3LI UUA	her: 4 Nursing	Home 5 Resider	nce 6 Oth		
1 Netural 5 ☐ Pending	(Month, Day Year)	injury	28c. inju Wo M 1	rk? Yes 2 □ No	200. 2000100 1101	- anjury Goodin	-	
2 Accident 3 Sulcide 4 Homicide	100 1000	RY		2 []10	28f. Location (Str. City or Town,		er or Rural Rout	a Number,
29e. Certifier (Check only one)	ysician: To the best of my kno niner: On the besis of examine and manner stated.	wtedge, deeth oc tion and/or invest	curred at the ti	me, date and piec opinion, deeth occ	e, and due to the car urred et the tima, de	use(s) and ma te end place,	innar as stated. and due to the co	3/3/2 ause(s)
29b. Signatura and title of certifler			29c. Licens	se number	29	d. Date signed	d (Month, Day, Y	ear)

D01290

8/13/96

Physician /Medical Examiner

Physician /Medical

Examiner

Director

Funeral

by

To Be Completed

Funeral

Director

permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglene. Important: if item 27 is marked other than "natural", or items 23s or 28s-4 show any injury or other traumatic event, the Medical Examiner must be notified at once.

Baltimore, Maryland 21215-0020

Medical Certification: To Be Completed by Physician/Medical Examiner is certificate has been signed by the ettending physician and director, page 2 should be detached for use as the burlal-transit

Physician: The law requires that the death certificate be executed of Vital Records, P.O. Box 68760,

To the Heavilland Within 24 had To the First completely

State Registrar 31. Date tiled (Month, Dey, Year) AUG 14 1996

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)



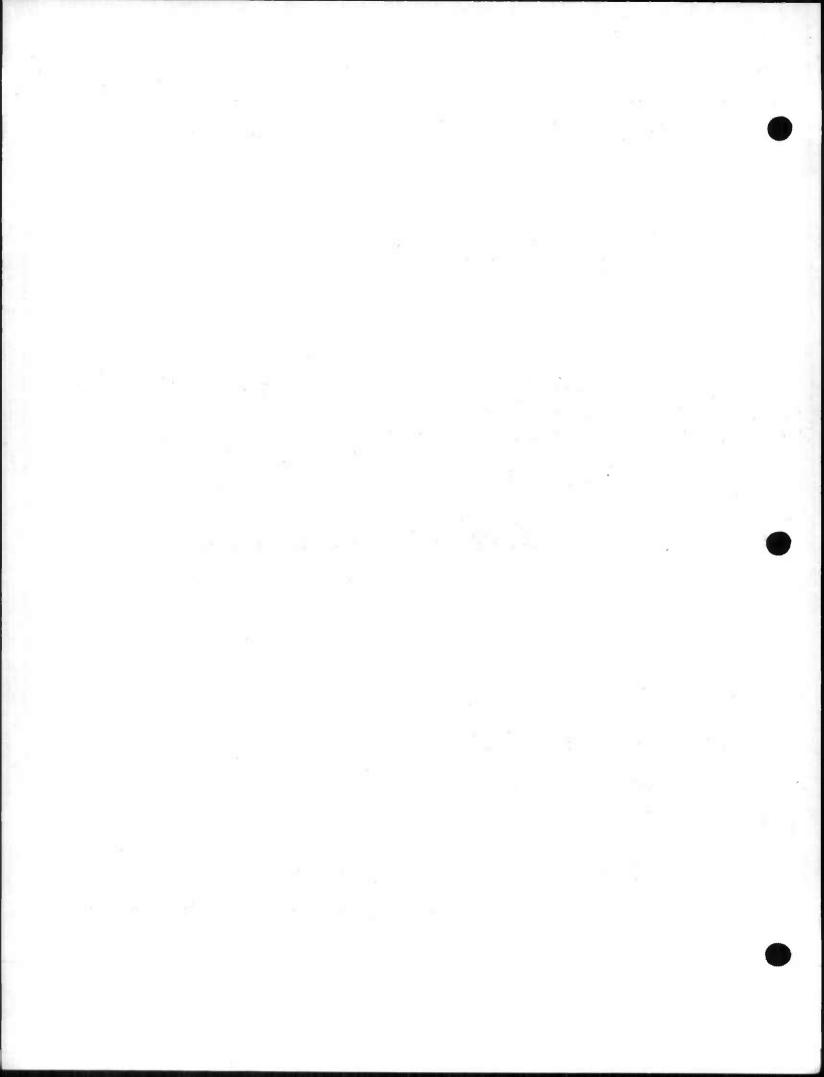
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		ges 1, 2, 3 should	
BALTIMORE, MARYLAND 21215-0020	THE FOING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE CONTROL After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	the second is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 6876	executed with	and complet	matic even
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ONC	ING PHY	After this	marke
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DIV	K	THE STATE OF	1

THE WATER

TO THE HOLD TO THE

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI	RTMENT	OF H	EALTH DE AT	AND	MENTAL	HYGIENI REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE O	F DEATH			3. TIME OF DEATH
	William Bryan Bad	hran						AU2U	2+ 8	1996	rear	8:18 P M
			(In yrs. last birthday)			# UNDER		7. DATE OF			. BIRTHP	LACE (Stete or Foreign
	216-56-6208		5 YRS.	MONTHS 9b. CITY	TOWN O	HOURE R LOCATION	MIN.	Dec.		950	Mary	yland
œ	4812 Carroll Man	5,0 234			aldw							e County
8	RESIDENCE OF DECEDENT	JI Moad		1 De	aluw	TII				Dart.	THOL	e county
DIRECTOR	10e. STATE 10b. COUNTY			TY, TOWN O		ON					1	10d. INSIDE CITY LIMITS?
		ore County	J.	Baldwi	7							YES 2 X NO
FUNERAL	10e. STREET AND NUMBER	D 1			101.	ZIP CODI				10g. CITIZE		AT COUNTRY?
W	4812 Carroll Mano	Or KOAO. 2. WAS DECEDENT EVER I	NILLO ADMOD	1 40 1			013				US	
BY FU	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	10	yee, spe		n, Mexico	NIC ORIGIN? in, Puerto Ric ly:		or No 14	Black, Specify	- American Indian, White, etc.
	15. DECEDENT'S EDUCAT		16e. DECEDENT'S					16b. F	IND OF BUS	INESS/INDUS	STRY	
Щ	(Specify only highest grade cor Elementery/Secondary (0-12)	npleted) College (1-4 or 5+)	(Give kind of life. Do NOT L	work done o usa retired.)	luring mos	at of working	ng					
릴	12 vrs		Salesma	n					Aut	o Pari	ts	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)					18. MOTI	HER'S NA	ME (First, Mi	ddle, Meiden	Surname)		
BE	Lester Warren Bacl	nran, Sr.				Ве	ttye	e Ann	e Ha	rriso	n	
0	Mrs. Elizabeth A.	(Wife)	196. MAILIN	O ADDRESS	(Street e	nd Number	or Rural	Route Numbe	; City or Town	, State, Zip C	ode)	
							r Ro	ad, F				
	20e. METHOD OF DISPOSITION 1 Burtel 2 Cremetion 3 Remova	I from State Cer	b. PLACE AND DATE metery, crematory or	other place)	TION (Na	ne of		DATE		CATION - CI		
	4 Donetion 5 Donet (Specify)	see G	reen Mou	int Ci	cema	DADDRE	SS OF EA	8/13	Bal	timor	e, 1/	laryland
	Moster Do	wson						lefe1d	Home			
_	Martin D. Take 23. PART I. Enter the disease, or con	on		65	000	York	Roa	ad, Ba	1timo	re, M	aryl	and 21212
	shock, or heart failure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death)	t only gife couse on i	A CONSEQUENCE O	one	cy	ede	(D ou				interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST		A CONSEDUENCE (-		~			
	PART il. Other eignificent conditions o	contributing to death	but not reaulting	In the un	derlying	Cause	alven in	Part I.	24a, WAS AN	AUTOPSY	24b. \	WERE AUTOPSY FINDINGS
CAL						-			PERFOR			AMILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC									1 1 165 2	□ NO	1	OF DEATH?
2	DID TOBACCO USE CONTRI	BUTE TO CAUSE O	OF DEATH Y	ES 🗆 N	10 C	UNC	ERTAI	N D				
Ř	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEA									
) SI		IOSPITAL: Inpetient 2 ER/Out	patient 3 DOA	4 Nurs		5 DM	aldence	6 🗆 Other	(Specify)			
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b, Til	ME OF JURY M		URY AT RK? 'ES 2	₹ NO	28d. DESC	RIBE HOW I	NJURY OCCU	RED	
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, ecify)	street, facto	ory, office			28t. LOCAT City or	TION (Street e Town, Stele)	nd Number or	r Rural Ro	oute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIA (Check only one) 2 MEDICAL EXAMINER:	N: To the best of my know										and menner se stated
	29b. SIGNATURE AND WILE OF CERTIFIER		-	- C					, a p. a c c , c i		1	
10 BE	Maile	+0,	Jons	nel	Mil	Sac. CIC	ENSE NU	-02	383	▶ 8	19	196
	30. NAME AND ADDRESS OF BERSON WHO C	O O O	EATH (ITEM 27) (Typ	e, Print))-	111	4/2	mk	XX	411	Rd	BOSTIMO
	31. DATE FILED (Month, Day, Year)	32. HEGISTHAR'S SIG	nature Andell									2121000
	HOU L'A IOUT	0										DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760

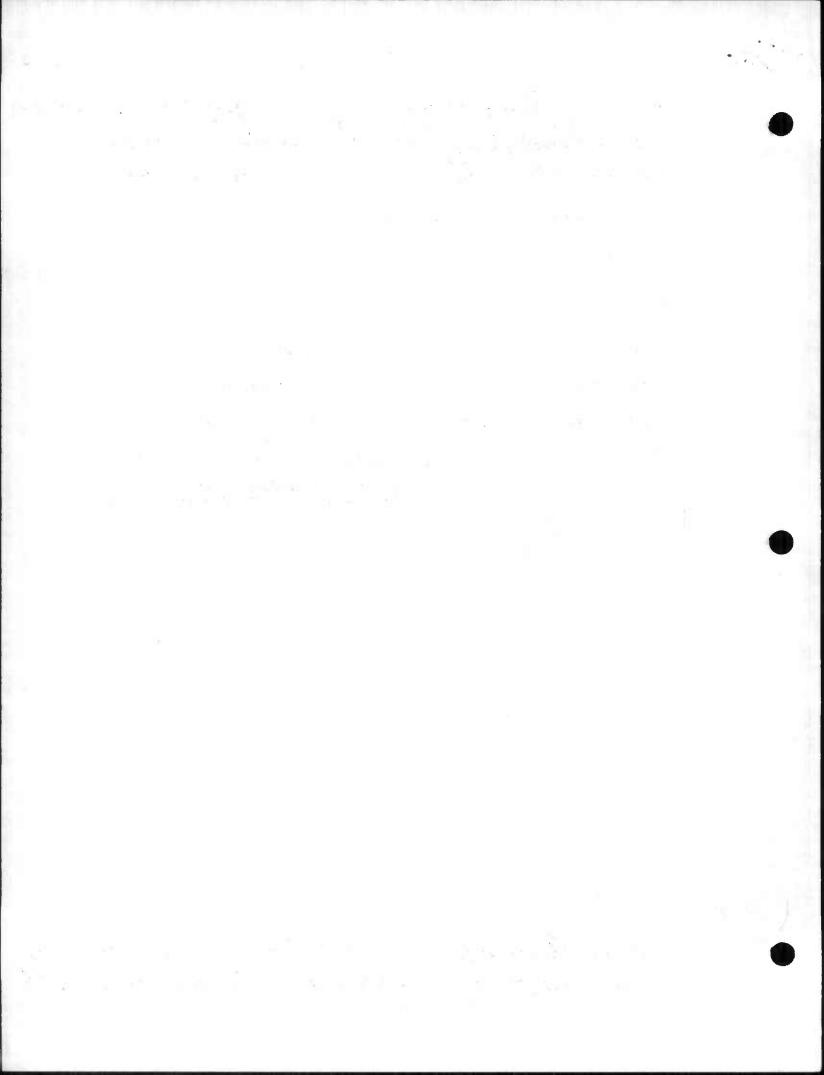
TO ALE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or arte of the FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	atte	Se		
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De filed w	OSPI	UNE	ithin	ANT
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	1 - FOR STATE REGISTRAR	OF MARYLAND / I		ENT OF HI		IENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last) Kaven Booth	e.e				2. DATE OF OEATH	AY 1	YEAR 812	OF OEATH			
	4. SOCIAL SECURITY NUMBER S. SEX 1 □ M 2		YRS. MON	THE DAYS	HOURS MIN.	7. DATE OF BIRTH	M	ARYLAI	tate or Foreign			
TOR	9e. FACILITY NAME (If not institution, give street end nut MASON LORD BAY VIE RESIDENCE OF DECEDENT			LTIMO	RE	ATH	N/A	Y OF DEATN				
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND N/		10d. INSIDE CITY LIMITS? LYS 2 NO									
FUNERAL	100. STREET AND NUMBER 410 DREW STREET	USA	JNTRY?									
BY	1X Never Married 2 Married FORC	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— 14 FORCES? 1 YES 2 XNO If yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— 14 15. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— 14 16. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— 14 17. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— 14 18. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— 14 18. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— 14 18. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— 14 19. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— 14 19. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— 14 19. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— 14 19. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— 14 19. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— 14 19. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— 14 19. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— 14 19. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— 14 19. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— 14 19. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— 14 19. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— 14 19. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— 14 19. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— 14 19. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— 14 19. WAS DECENDENT OR NISPANIC ORIGIN? (Specify Yes or No— 14 19. WAS DECENDENT OR NISPANIC ORIGIN? (Specify Yes or No— 14 19. WAS DECENDENT OR NISPANIC ORIGIN? (Specify Yes or No— 14 19. WAS DECENDENT OR NISPANIC ORIGIN? (Specify Yes or No— 14 19. WAS DECENDENT OR NISPANIC ORIGIN? (Specify Yes or No— 14 19. WAS DECENDENT OR NISPANIC ORIGIN? (Specify Yes or No— 14 19. WAS DECENDENT OR NISPANIC ORIGIN? (Specify Yes or No— 14 19. WAS DECENDENT OR NISPANIC ORIGIN? (Specify Yes or No— 14 19. WAS DECENDENT OR NISPANIC ORIGIN? (Specify Yes or N										
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College 10 YEARS	(Giv (1-4 or 5 +)				SUB S		STRY				
BE COM	17. FATHER'S NAME (First, Middle, Lest) RICHARD F. BOOTHE				BERNI	NE (First, Middle, Meide CE ELLEN	WEAV	ER				
TO B	190. INFORMANT'S NAME (Type/Print) MS. KIMBERLY BURKE	T (19b)	MAILING ADD	RESS (Street or REW SI	REET B	ALTO. MI	vn. Stete, Zip C	224				
	19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) MS. KIMBERLY BURKET 20e. METNOD OF DISPOSITION 1 Burlet 2 (Acremetion 3 Removal from State) 20b. PLACE AND DATE OF DISPOSITION (Name of Cemetery, cremetory or other place) 20c. LOCATION — City or Town, State 20c. LOCATION											
CERTIFICATION	immediate Cause (Final disease or condition resulting in deeth)	23. PART I. Enter the diseases, or complifetions that coused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heer failure. List only one couse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) a. Progressive Multipocal Enter the disease or cardiac or respiratory errest, and the condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, Die TO (OR AS A CONSEQUENCE OF):										
	thet initiated eventa resulting in death) LAST PART II. Other algnificent conditions contrib	DUE TO (OR AS A CONSEQ		ne underlyling	ceuse givan in		N AUTOPSY	24b. WERE A	UTOPSY FINDINGS			
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PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPI	26. PLAC	OF DEATN (C	heck only one)	5 🗆 Reelderice	a [] Ohio (One #4)						
	27. MANNER OF DEATH 26e.	DATE OF INJURY (Month, Day, Yeer)	28b. TIME OF	28c. INJI WO	JRY AT	28d. DESCRIBE NOW	INJURY OCCU	JRED				
TED BY	A PACCIONIN	2 Accident Investigation 3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, ferm, street, factory, office Suicide 8 Could not be building, etc. (Specify)										
COMPLETED	290. CERTIFIER (Check only 2 MEDICAL EXAMINER: On the								nner ee stated,			
BE	290. SIGNATURE AND TITLE OF CENTIFIER				29c. LICENSE NUN			AGNED (Month,				
OT.	615 N. WOHES	TED CAUSE OF DEATH (ITEM	tim	ore	Md	1616,	5		X.I			
	ALLO 1 A 1006	ANI don-Handel	2									

State of Maryland / Department of Health and Mental Hygiene 96

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	Physici	an	1. Decedent's Neme (First, Middle, Las	57	-				2. Dete of De Month	eth Day	Yeer	3. Time of	
1	/Medi		Henry		-> n_S				Augh.	76 15	96	1	AN
1	Examir	ner	4e. Facility Neme (If not Institution, give	street end number)	()	1000	F.0 1	b. City, Town, or	Location of Deel	h 4c. Coi	unty of Death	٦	
H			5. Sociel Security Number 6. Se	nty ven	Soul "	hand HID	der 1 Yaar	If Undar 24 Hrs	10 Date of B	1	owar	.6	- 1
ı	Funeral Director			M 2DF	In yrs. last birth	rrs. Month		Hours Min.	8. Dete of Bi (Month, Di	ay, Year) .	26. Birthol	laca (Steta d try) Tex	or Foreign
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	234	Funeral	10830 Olde Woods V	-			21044			USA			
_	tar de	-un	11. Marital Status 1 ☐ Never Merried 2 ☐ Merried	12. Wes Decedent Ever Armed Forces? 1 X Yes 2 No		if Yes, s	pecify Cuba	spenic Origin? (S n, Maxicen, Puar	o Rican, etc.)	0- 14.	Race - Amarica Bieck, White, o		
020	urs af	by I	3X Widowed 4 □ Divorced	If Yes, Give Yaar or Dates: W	W II	1□ Yes	2 ⋈ No	Specify:		Spe	ecify: Bla	ack	
Maryland 21215-0020	d within 72 hours after death with the Maryland jiene. jiene. r then "neturel", or fleme 23e or 28e-f show me Mexical Examiner must be notified at		15. Decedent's Edi	ucation	16e.	Decedent's Us	suel Occupi	etion		16b. Kind o	of Business/Ind	dustry	
21	within 7 ena. than "r	Completed	(Specify only highest grad Elementery/Secondery (0-12)	College (1-4or 5+)				funing most of wor	rking				
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Ma	0 0 0 0		19e. informent's Neme/Reletionship (T. Henry J. Boykins,					end Number or Au ods Way,					
e,	Haalth Haalth em 27		20e. Method of Disposition		20b. Plece of cematary						on - City or To		
Baltimore,	permit. Pages 1 a Department of Har Important: If Nem any Injury or othe page.		1 X Burial 2 ☐ Cremetion 3 XI 4 ☐ Donetion 5 ☐ Other (Specify,		cematan Long Is				, 1996		Island,		
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	, o		23a. Pert1. Enter the disees, or comp shock, or heert feilure. List only of	lications the caused th	e deeth. Do n						10	Approximat	e
8	Physician		Stroom, or floor, foliate. 7 Cast Carry C									Onset and I	Death
4	/Medical Examiner		Immediate Ceuse (Finel disease or condition	· Chola,	7910	Con	Inc	ma-			1	+ mo	MTHS
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	rtificata be axecuted ng physician and s as the burial-transit	Exar	Sequentially list conditions, if eny, leeding to immadiete cause. Enter Underlying	Du	e to (or es e c	onsequence o	of):				İ		
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Box	2 0 0			d									
Э. П	a death he atten hed for u	Physician/	Pert II. Other significant conditions co	ntributing to death but r	not resulting in	the underlying	g cause give	en in Pert I.	23b. Did	tobacco use	contribute to	the cause	of death?
P.O.	that tha deried by the a	Phy							10	Y98 2 N	lo 3 Prob	sebly 4/2	Unknown
S,	requires that seen signed b hould be deta	by									T 041 111		et - at
Records,	v requires to been signer should be	Completed							24e. Wes	en autopsy ormed?	6V8	ere autopsy f allable prior t mpletion of c	to
Rec	S C/	mp									of c	death?	
a			25. Wes case referred to medical							Yes 25(N	0 1	Yes 2	No
5	yalcla is cert direct	To Be	examiner?	Hospitel:	2 ER/Out	patient 3 🗆	DOA Othe	26. Place of Dec	oth (Check only Iome 5 ☐ Res		Other (Specifi	d	
vision of Vital	£ 5 m		27. Menner of Deeth	28e. Dete of Injury (Month, Dey Y	28b. Ti	lma of	28c. injury Work		28d. Describe			9	
jo	ath. r: Aftar se funa	atlo	V☐Neturel 5 ☐ Pending 2 ☐ Accident investigation		ear) in	jury M		Yes 2 □ No					
<u> </u>	Atte pr de recto by ti	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Place of Injury building, etc. (- At home, fen	m, street, fect	ory, office			Street and Ni wn, Stete)	umber or Rura	Routa Num	ber,
0	in the second												
	12.3	edical	29e. Certifier (Check only one) Certifying Phy	reician: To the best of n Inar: On the basis of ex	camination and	death occurre	ed at the time on, in my or	e, dete end place pinion, death occu	, end due to the	cause(s) end date end ple	i menner as st	ated. tha ceuse(s	3)
	110	Med	29b. Signetura and title of certifiar	end manner steted	o.		29c. Licansa		T		gned (Month, I		
-	F 30 8		1/11/11/11/11	0		1) 20	789		A	412	16/	1
			30. Neme and address of person who co	ompleted cause of deal	th (Item 23e) (1	Type, Print)				inge	2, 5	-1170	tle,
	10		William Flow	ers m		2011	5 L	itte 1	tatuxo	ent (1 lum	614	wa
	Sta		31. Dete flied (Month, Day, Year)	32 Flegisyer's	Signal	2							```
	 Registr 	ar	MUULT 1000	(1)									



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day **Physician** BANKERT 02 DOROTHY AVGUST 1996 /Medical 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Northwest Hospital Examine Randallsmon, MD21133 old Comit Road Baltmore Center If Under 1 Year
Months Days If Under 24 Hrs. Hours Min. 6. Sex 5. Sociel Security Number 7. Age (In yrs. last birthdey) 8. Date of Birth (Month, Day, Year) Birthplaca (State or Foreign Country) **Funeral** 220-03-5817 1 M 2 F Director 4-23-21 Maryland Usual Residence of Decedent permit. Pagas 1 and 2 should be flaed within 72 hours after death with the Maryland Department of Health and Martial Hygiene.
Important: If them 27 is marked other than "hatural", or frems 23a or 28e-f show any injury or other traumatic event, the Medical Examiner must be notified at 10a. State 10d. inside City Limits 10c. City, Town or Location Maryland 1 Yes 2 No Baltimore Director Randallstown 10a. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3801 Schnaper Drive Apt. 129 21133 U.S.A.

14. Raca - American Indian,
Black, White, etc. 12. Was Decadent Ever In U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Marital Status 1 ☐ Yes 2 No If Yes, Give 1 Never Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: 3 Widowed 4 Divorced Year or Dates: White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) 12 Years College (1-4or 5+) Housewife her own home 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Be 2 William J. Deems Minnie Adrion 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21133 Mr. E. Evan Bankert (husband) 3801 Shcnaper Drive Apt. 129 Randallstown. 20b. Placa of Disposition (Name of cemetery, cremetory or other place) 20a, Method of Disposition 20c. Location - City or Town, State Dete 1 ☑ Burlai 2 ☐ Cremation 3 ☐ Removal from State 4 □ Donation 5 □ Other (Specify) Druid Ridge Cemetery 8/12/96 Pikesville, MD 21. Signature of Feheral Service Licenses 22. Name end Address of Fecility Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 21133 23a Partt. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, property failure. List only one cause on each line. Approximete Interval Between Onset and Death Physician immediate Cause (Final disease or condition resulting in death) CONGESTIVE HEART FAILURE /Medical Examiner Examiner APDIOMYO PATHY
Due to (or as a consequence of): attanding physician and for usa as the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Division of Vital Records, P.O. Box 68760, Physician/Medicai Due to (or es e consequenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? DIABETES MELLITOS TYPE 1 Yes 2 No 3 Probably 4 Unknown þ HYPERTENTION ESSENTIAL 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy cartificata has 1 Yes 2 No 1 Yes 2 No or Attanding Physician: 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) this funaral 27. Manner of Death 28b. Time of Injury 28d. Describe how injury occurred Certification: 28c. Injury at Work? Aftar 1 Neturai 2 Accident 5 Pending investigation 24 hours after death.

Funeral Director: Af 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Streef end Number or Rural Route Number, City or Town, Stete) 4 Homicide Hospital 150 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier Medical (Check only one) To the To the To the I 29b. Signeture end title of certifie MD 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) NORTHWEST HOSPITAL CENTER AYNOLD 32. Redistrar's Signature 31. Dete filed (Month, Dey, Year) State AUG 14 1996 Registrar

DHMH 16 Rev 6/95

Division of Vital Records, P.O. Box 68760

physician and the burial-transit requires that the death cartificate be axecuted Š signed by the aid be detached for peeu has cartificata Attending Physician: director, this funeral After daath. or Attend after death Director: the

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Physician

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item 27 is marked other than "natural", or items 23s or 28s-4 show other traumatic event, the Medical Examiner must be notified at

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Physician /Medical

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Certification:

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permit. Pages 1 and 2 should be filed within 72 hours after death Department of Haaith and Mental Hygiena. Important: If item 27 Is marked other than "natural", or Itema 23.

Baitimore, Maryland 21215-0020

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25. Was casa rafarred to madical axaminar? axaminar? 1 A Yas 2 □ No 27. Magnar of Death 1 Natural 2 Accident 6 Could not be detarmined 28f. Location (Street and Number or Rural Routa Number, City or Town, Steta) 3 ☐ Suicida 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 Homicida 29a. Cartifiar (Check only 1 Certifying Physician: To the best of my knowledge, daath occurred at the time, date end piece, end dua to the cause(s) and mannar as stated.

2 Medical Examinar: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date end place, and dua to the cause(s) and mannar stated. 29b. Signature and title of certifier 29c. Licensa number 29d. Data signed (Month, Day, Year)

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State Registrar

Sam 31. Data filed (Month, Day, Year) 32. Registrar's Signatura a Davidson AUG

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Certificate of Death

CMK ITEMS: 23 PART I, 27, 28a-f, State of Maryland / Department of Health and Mental Hygiene PER MEO FILM G-738 8/23/96 t.t

Physician /Medical Examiner
Funeral

Director the Maryland death

filed within 72 hours after Pages 1 end 2 should be filed w transt of Health end Mental Hygier tant: If item 27 is merked other ti jury or other traumatic event, in marked other permit. Page Department of Important: If any injury or

21215-0020

Baltimore, Maryland

Physician /Medical Examiner

The lew requires that the death certificate be executed the buriel-trar P.O. Box 68760. USB BS signed by to Division of Vital Records, page 2 should peen has certificata After this funeral Attending To the Hospital or Attendir within 24 hours efter death. To the Funeral Director: Al complately filled in by the fu

1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Yeer Month MICHAEL 11, BEALL AUGUST 1996 0135AM 4a. Fecility Name (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth 1609 LANGFORD ROAD WOODLAWN BALTIMORE COUNTY 5. Sociel Security Number if Under 1 Year if Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) Birthpiece (Stete or Foreign Country) 1KDM 2□F Deys Hours 212-56-8100 44 Yrs Oct. 25, 1951 Maryland Usuel Residence of Decedent 10a State 10h County 10c. City, Town or Location 10d. inside City Limits Md. Baltimore r than "natural", or items 23a or 28a-f ships Medical Examiner must be northed Woodlawn Director 1 Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1609 Langford Road 21207 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 □ Yes 2천 No If Yes, Give Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indien, Bieck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No Specify: by White 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4or 5+) Carpenters Helper Construction 12 17. Fether's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Maiden Surneme) Be Joseph V. Beall Virginia M. Baker P 19e. Informent's Name/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) George Beall (Brother) 69 Edmondson Ridge Road Catonsville, Maryland 21228 20b. Place of Disposition (Name of cemetery, cremetery or othe August 13, 1996 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 Cremation 3 Removel from State Lorriane Park Cemetery Woodlwan, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Fundal Service Licenses Name end Address of Fecility Witzke Funeral Home, Inc. 1630 Edmondson Avenue Catonsville, Maryland 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset end Deeth Immediate Ceuse (Finel NARCOTIC AND ALCOHOL INTOXICATION diseese or condition resulting in deeth) Due to (or es e consequence of) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that inflieted events resulting in deeth) Lest Due to (or es e consequence of): Physician/Medical Due to (or es e consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 ☐ Probably 4 ☐ Unknown 1 Tes 2 No þ 24b. Were eutopsy findings evailable prior to completion of cause of deeth? Completed 24e. Wes an autopsy performed? 1 Yes 2 No 1 Nes 2 No Be 25. Wes case referred to medical 26. Place of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 KResidence 6 Other (Specify) 2 1 XYes 2 □ No Certification: 27. Manner of Deeth 28e. Dete of injury (Month, Dey Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? 1 Naturei Pending UNKNOWN 1 ☐ Yes 2XXNo Investigation FOUND 8/11/96 2 Accident 12:15 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) Location (Street and Number or Ryral Route Number City or Town, Stete) 1609 LANGFORD ROAD 4 Homleide FOUND: HOME WOODLAWN, BALTO, CO., MD. 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pieca, end due to the cause(s) end menner as steted.

2 Medical Examiner: On be basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end place, and due to the ceuse(s) end manner steted. Medical 29a Certifier 29b. Signature and 29c. License number 29d. Dete signed (Month, Dey, Year) O.C.M.E. AUGUST 11, 1996 30. Neme end address of person who completed cause of death (Item 23e) (Type, Print) May 111 Penn Street, Baltimore, Maryland 21201

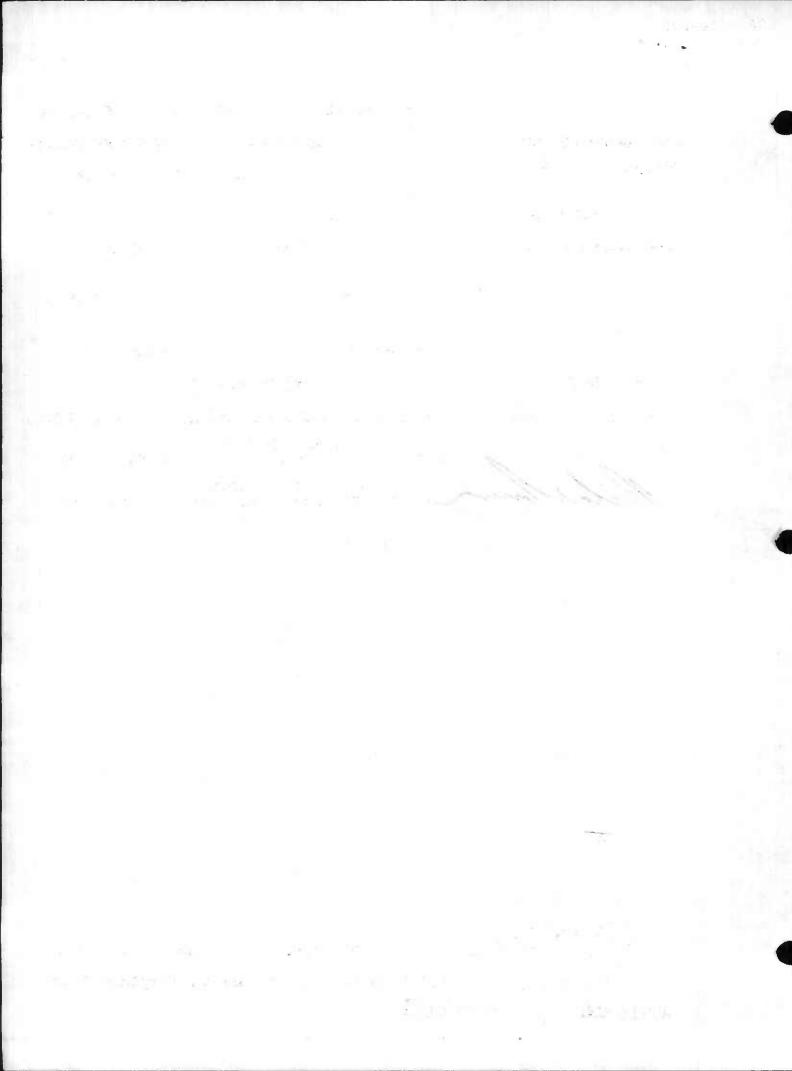
State

Registrar

31. Dete filed (Month, Dev. Year)

AUG14

32. Registrar's Slephure



Piease Type or Print in Black indelibie Ink. Assure Aii Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Year CHENOWITH EVORA AUG 1996 4e. Fecility Name (If not institution, give street end number) 4h City Town, or Location of Death 4c. County of Death 4401 FIELDGREEN Rd Perry HALL BALTIMORE 5. Social Security Number If Under 1 Yeer If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthdey) Birthplace (State or Foreign Country) 1□ M 2 F Days Yrs. 218-40-0129 66 MARCH 4, 1930 MARYLAND Usual Residence of Deceden 10a State 10h County 10c. City, Town or Location 10d. Inside City Limits PERRY HALL 1 Yes 2 No BALTIMORE 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? Rd 21236 USA 4401 FIELDGREEN 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indien, Black, White, etc. 1 Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: 3 ☐ Widowed 4 ☐ Divorced WHITE 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) HOUSEWIFE HOME 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame) EVA V. DAVIS Linwood O. Roberts 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Frederick L. Chenowith Spouse 4401 FIELDGREEN Rd. Balto Md. 2123L 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Buriai 2 ☐ Cremetion 3 ☐ Removal from State AUG 10 4 ☐ Donetion 5 ☐ Other (Specify) DULANEY VALLEY MEM. GONS 1996 TIMONIUM, Md 21. Signeture of Funeral Service Licenses 22. Name end Address of Facility 8800 Harford Rd BALTO, Md. 21234 23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one causelon each line. Approximate interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) alle Due to (or es e consequence of) Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of): Part il. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of deeth?

Physician /Medical Examiner

burial-transit

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signed by

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has certificate

Hospital or Attending Physician: 24 hours after death.

Funeral Director: After this certifica

To the Hospital of within 24 hours a To the Funeral D

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Box 68760.

Division of Vital Records, P.O.

Physician

/Medical

Examiner

Director

Funeral

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ortant: If Item 27 is marked other than "natural", or items 23s or 28s-f show injury or other traumatic svent, the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: If them 27 is merked other than "natural", or then any Injury or other trauments event

Baltimore, Maryland 21215-0020

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death

Physician/Medical p

physician s the burial Completed page 2 Be 2 Certification:

edical

1 ☐ Yes 2 ☐ No 25. Was case referred to medicel 28. Place of Death (Check only one) examiner? Other: 4 Nursing Home 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 50 Residence 8 Other (Specify) 27. Manner of Death 28c. injury et Work? 28d. Describe how Injury occurred 28a. Date of Injury (Month, Day Year) 28b. Time of 1 Netural 2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No 3 Suicide 8 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homicide

29e. Certifier

Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and menner es steted.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date end place, and due to the cause(s) and manner stated.

ABINGDON, Md

29b. Signature and title of certifier

29d. Dete signed (Month, Day, Year) 29c. License number

30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)

DR. Stephen Smallores 31. Date filed (Month, Day, Year) AUG 1 4 1996

32. Registrar's Signature un Davidson-Randalle

State Registrar

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,

Please Type or Print in Black Indelible Ink Assure All Copies Are Legible

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Exami		4a. Facility Nama (If not institution	n, giva street and numbar)			4b. City, Town, o	or Location of Dea			
	,, ,	6300 McCLEAN	BLVD.				BALTIM	ORE	n/s	a	
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2 should end Men is marke		19a. Informant's Name/Ralations	ship <i>(Typ</i> a, <i>Print)</i> S i St	ter 1	b. Mailing	Address (Stre	aat and Number or	Ru <i>rei Routa N</i> umi	er, City or Town,	Stete, Zip Coda)
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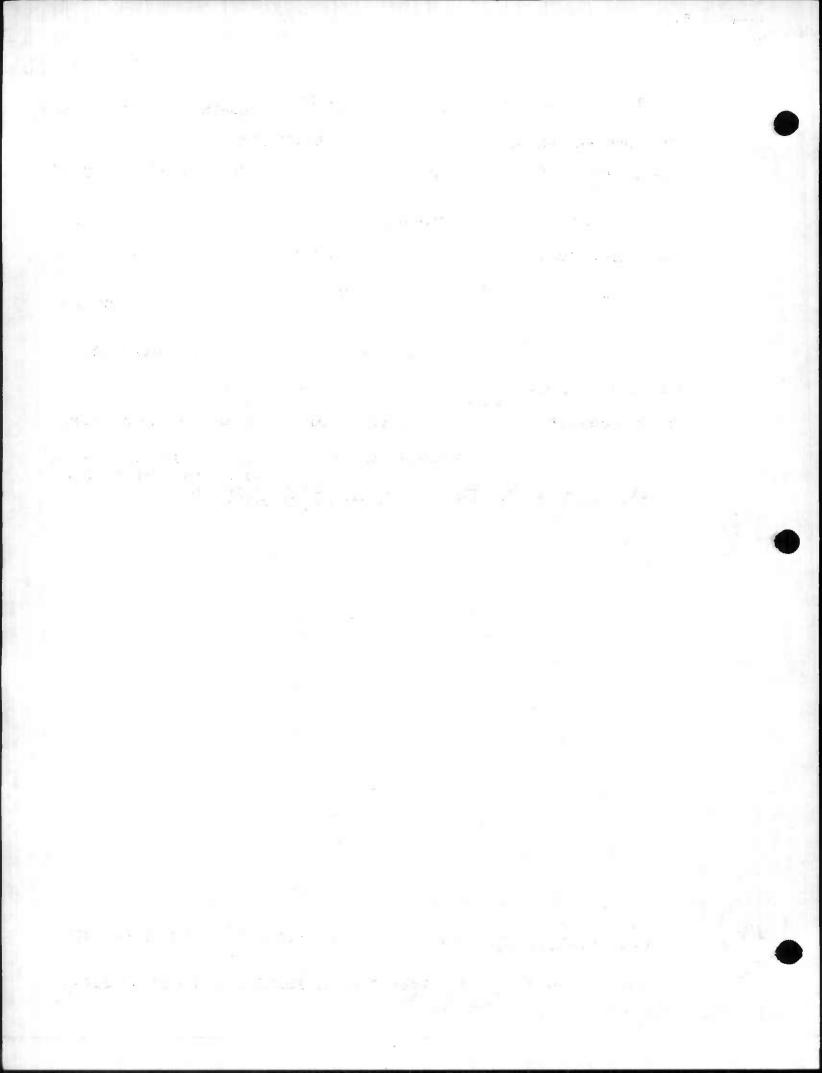
State Registrar

DONALD G. WRIGHT 31. Data filed (Month, Day, Yaar) AUG 14 1996

30. Nama and address of person who complated causa of daath (Itam 23a) (Type, Print)

Penn Street, Baltimore, Maryland 21201

DHMH 16 Rev 6/95



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene O. C.

								rtificate of	Death		Reg. No.	0 4	4119	
	Physici /Medi	cal	1. Decedent's Name (First, BERNARD)	DA	BROW		SR.		Ab Ob Town only	2. Dete of De Month August	8, 19	Year 996	3. Time of Deeth 4:45 P.M	
	Examir	ner	4e. Facility Neme (If not ins Baltimore VA				andad		4b. City, Town, or Lo Baltimore		h 4c. County			
	Funeral Director		5. Sociel Security Number 215-10-2449	6. 5		7. Age (In yrs.)				8. Dete of Bir (Month, De 3/22			lece (Stete or Foreign try)	
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	Ma.	Director	MD Ba	altim	ore	В	owleys	Quarter	S				1 ☐ Yes 2 No	
	15 th	Sire	10e. Street and Number					10f. Zip Code			10g. Citizen of \	Whet Coun	try?	
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020	irs aftar dea	by Funeral	11. Meritei Stetus 1 Never Merried 2		12. Wes Deced Armed Ford 1 Yes 2 If Yes, Give Year or Del	ces? 2 □ No		Wes Decedent of H If Yes, specify Cub 1 ☐ Yes 2 No	Hispenic Origin? (Spen, Mexican, Puerto Specify:	ecify Yes or No Rican, etc.)	Specify	ce - Americ ck, White, o	etc.	
215-00	ore, Maryland 21215-0020 st and 2 should be filed within 72 hours after death with the Maryland is a tand 2 should be filed within 72 hours after death with Mental Hygiene. stem 27 is marked other than "naturel", or frems 23e or 28e-f show other traumstic event, the Medical Evanture Invest be notified at		15. De (Specify only Elementery/Secondery (0				160 Door	edent's Usuei Occup a kind of work done DO NOT use retire	pation during most of work d)	ing	16b. Kind of B			
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Bal	permit. Par Departmen Important: any injury		Cecilia Dabrowski 20e. Method of Disposition 1 Burial 2 Cremetion 3 Removel from Stete 4 Donation 5 Cother (Specify)Entombment 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 0 ak Lawn Cemetery 21. Signature of Funeral Service Licensee 22. Name end Address of Fecility B. Dabrowski & Son Funeral Home 2818 E. Baltimore St. Baltimore, MD 2											
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DHMH 16 Rev 6/95

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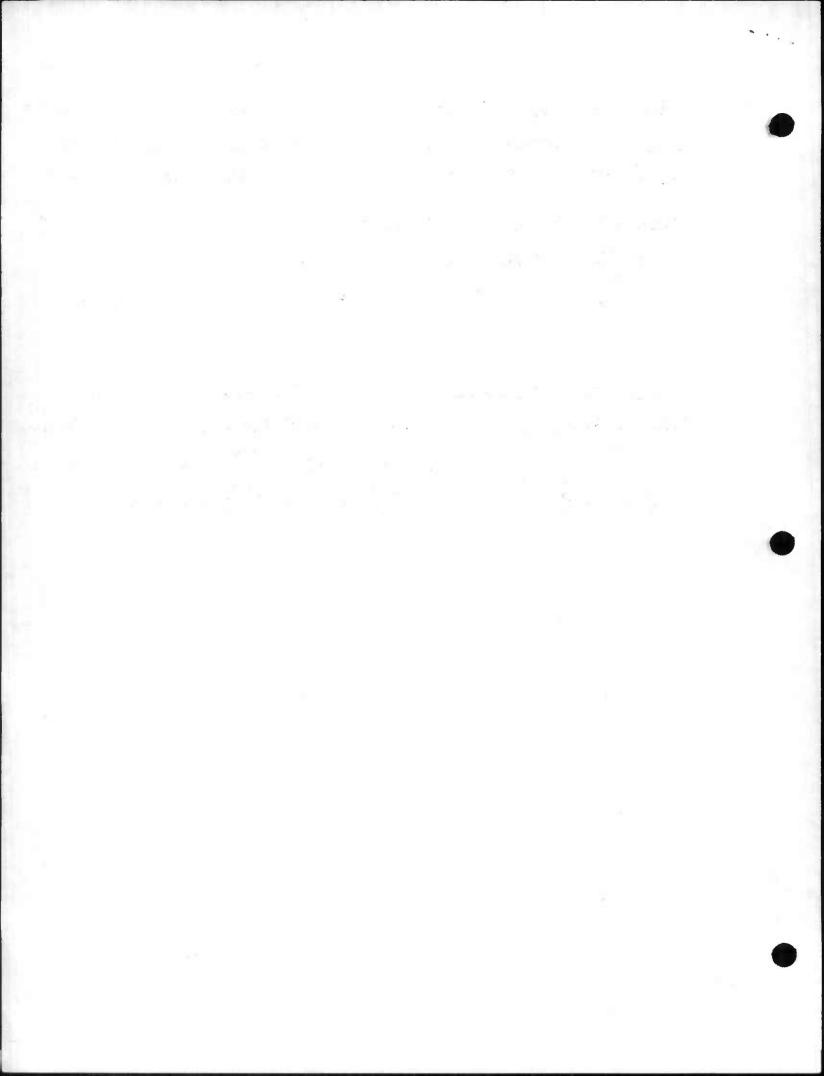
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Manyland	Fed at	tor	10a. State 10b. County MARYLAND BALTICAR		ity, Town or Location						elde City Limits Yes 28 No
with the	3a or 28a it be not	i Director	10e. Street and Number	THUR L'RC'		Of. Zip Code		1	Og. Citizan of V	What Country?	
d 21215-0020 filed within 72 hours after death with the Maryland thygiena.	item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be notified at	by Funeral	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Evar in U Armed Forces? 1 ☐ Yes ② No If Yes, Give Yaar or Dates:	if Yes	Decedent of H s, specify Cuba res 22 No	lispanic Origin? (San, Mexican, Puer Specify:	Specify Yes or No- to Rican, etc.)		e - American Ind ck, Whita, atc.	ian,
21215-0020 d within 72 hours aff giena.	the Medical	Completed	15. Decedent's Ed (Specify only highast grad Elementary/Secondary (0-12)	ucation de completed) Coilege (1-4or 5+)		S Usuai Occup of work done IOT use retired	during most of wo	rking	16b. Kind of Bu	usiness/Industry	
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more, Mar Peges 1 and 2 sha	If item 27 is m or other traum		19a. informant's Name/Relationship (7) 20a. Mathod of Disposition 1 Burial 2 Scremation 3 DI	20b.	- A	Kinb (Name of	ARTHI	AUG 12	2 Ros	Stata, Zip Code)	PRILAGO
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/Me	sician edicai miner		23a. Pert1. Enter the disease, or comp shock, or heart failure. List only o immediate Cause (Finel disease or condition resulting in deeth)	METAST		BLA				Onse	eximete al Between t and Death
cate be asscuted	physician and the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Entar Underlying	b. Due to (or as a consequenc	e of):					
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⇒ F 3	certificate he	0	25. Was case referred to medical				28. Place of De	1 ☐ Y		1 ☐ Yes	2□ No
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o g	funer	ertification:	27. Manner of Death 1 Netural 5 Pending 2 Accident investigation 3 Suicide 6 Could not be	28a. Data of injury (Month, Day Year)	28b. Time of injury		yat k? Yes 2 □ No	28d. Describe h			
DIVI	illed in by the	O	4 Homicide determined	28e. Place of injury - At h building, etc. (Special	fy)			28f. Location (Si City or Town	n, State)		i Number,
H08	to the Funeral Di	edicai	29a. Certifier (Check only one)	sician: To the best of my kno inar: On the basis of examina and manner stated.	owiedge, death occi ation and/or investig	arred at the ting ation, in my o	ne, date and piace pinion, death occi	e, and due to the curred at the tima, d	ause(s) and ma ata and piace, a	nner as stated. and due to the ca	iuse(s)
within	ou	Σ	29b. Signatura and title of certifiar	Chaudly	J MD	29c. Licens				(Month, Day, Y	
	2		30. Name and eddress of person who per MADH U CHAUDHR 31. Date filed (Month, Dury Year)	ompleted cause of death (liter 1 FRANKLIN BALTIN ORI	SOUARE MD 21	HOSP1	TAL, 90	000 Fran	aklin.	SQUARE	PRIVE
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DHMH 16 Rsv 6/95



1 - FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1							MON		DAY	WEAR	TIME OF DEATH
	NANNIE	L.			DA	-4	Aug			96	12.25A M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs.		NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		. BIRTHPL	ACE (State or Foreign
	218-22-6956	1 - M 2 1 - 7	3	YRS. MON	THE DAYS	HOURS MIN.		23,	1921	Country)	D
	9e. FACILITY NAME (If not institution, give	street end number)		9b.	CITY, TOWN	OR LOCATION OF D		20/	9c. COUNT		
E E	GOOD SAMARITAN	I HS				BALTO			N	1/3	
DIRECTOR	RESIDENCE OF DECEDENT								1 1,	I/A	
H	10e. STATE 10b. COUNT	TY .		10c. CITY, TO	MN OR LOCA	TION				10	d. INSIDE CITY
		I/A		BA	LTO					1)	XYES 2 NO
FUNERAL	10e. STREET AND NUMBER				10	f. ZIP CODE			10g. CITIZE	EN OF WNA	AT COUNTRY?
EF	3526 ELLERSLIE	AVE				21218			U.S	S.A	
5	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 Y			13. WAS DEC	CENDENT OF HISPA	NIC ORIGI	N? (Specify Ye			American indien, fhite, etc.
ВУ	1 Never Married 2 Merried 5XXWIdowed 4 Divorced	IF YES, GIVE WAR O		ALNO		ecify Cuben, Maxic 2 NO Speci		Hicen, etc.)			BLACK
			_								
TED	15. DECEDENT'S EDU (Specify only highest grad	UCATION e completed)	16e.	DECEDENT'S USU/ (Give kind of work of life. Do NOT use reti	L OCCUPATIONS one during me	ON ost of working	16	, KIND OF BL	JSINESS/INOU	STRY	
COMPLET	Elemantary/Secondary (0-12)	College (1-4 or 5 +)	- 1					HOSP	ITAL		
MP	12th	N/A	HOU	JSEKEEF	ER			11051	TIAL		
	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA			,		
BE	WILLIAM HARRIS						_	A BUR			
2	19e. INFORMANT'S NAME (Type/Print)	150.00				and Number or Rural					
	CHRISTINE CILF	TON		3526 EI	LERS	LIE AVE	BA	LTO,	MD 21	218	
	20e. METHOD OF DISPOSITION SENTING 2 1/2 Cremetion 3 □ Ren	noval from State		E AND DATE OF DIS		ame of	DAT	2	OCATION — CI	ty or Town,	State
	4 Donation 6 Other (Specify)			ENMOUN		M	AU 14		BALTO	MI	D
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22. NAME A	M NO ADDRESS OF FA	B.	ETTS	FUNER	,	
	11 (Mylled	101111		1	129	N. CARC	TIN	E ST			
	23. PART i. Entar tha diseasea, or	complications that cau	sed tha	daath Do not a							Approximate
	anock, or heart failure.	List only one cause o	n aach II	na.	mar tria irre	out or dying, aut	on an cur	uiac or reap	maiory arres		Intarvai Between
	IMMEDIATE CAUSE (Final disease or condition			-							Onset and Daeth
	resulting in death)		E.PS								126745
_	DUE TO (OR AS A CONSEQUENCE OF):										
2	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE DF):										
9	Sequentially list conditions,		AS A CONS	EQUENCE DET:							
ATIO	if any, leading to immediate cause. Enter UNDERLYING		AS A CONS	EQUENCE DF):			<u>. </u>				
FICATIO	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR A		SEQUENCE DF):							
RTIFICATIO	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A									
CERTIFICATION	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR A c. DUE TO (OR A	AS A CONS	EQUENCE OF):							
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

AL

RTON

HOUSEKELL

VIRGINIA _

3526 ELLERSLIE AVE BALTO, MD 21218

GREENMOUNT CEM

AUG 14, 96 BALTO, MD BETTS FUNERAL HOME

1129 N. CAROLINE ST BALTO, MD 7

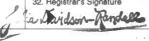
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death / Month **Physician** 30 Pm 1994 tuc /Medical 4c. County of Death 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death **Examiner** 28 Baltimore Wedge wood Koad If Under 1 Yeer | If Under 24 Hrs. | 8. Date of Birth (Month), Deys Hours Min. | (Month), Deys 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthdey) Birthplaca (State or Foreign Country) **Funeral** 1□ M 2 X F 230-07-1606 Usuai Residence of Decedent Director the Meryland 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show trsumstic event, the Modical Examiner must be notified at 1 Yes 2 No Ma Director Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? permit. Pages 1 and 2 should be filed within 72 hours after death with: Department of Health and Mental Hygiene. Important: if them 27 is marked other than "natural", or itema 23a or any injury or other traumatic avaint Newb ern 4/18 Avenue 2/2/5 U. SA Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Detes: 14. Reca - American Indien, Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Merital Stetus Bleck, White, etc. 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 Black 1 ☐ Yes 2 No Specify: þ 3☑Widowed 4 ☐ Divorced Completed 15. Decedent's Education 16a. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grade completed) College (1-4or 5+) Elementery/Secondary (0-12) 61 lussing 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Be Uhknows lla 2 19a. Informant'a Neme/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 2/229 Koug Wedge wood Daltimore, M4 amuel Mason 20b. Piece of Disposition (Name of 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 Donation 5 ☐ Other (Specify) 21. Signeture of Funeral Servica Licensee Name and Address of Facility 2/2/3 23a. Pert1. Enter the diseasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac shock, or heart failure. List only one cause on each line. Lava Walast Balte, My Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Finei disease or condition resulting in death) Examiner Examiner the buriel-transit certificate be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last Due to (or es e consequence of): Box 68760. Physician/Medical Due to (or as a consequence of): USB BS Division of Vital Records, P.O. ed by the a Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably # ☐ Unknown Š 24b. Wera autopsy findings available prior to completion of cause of death? 24a. Was an autopsy Completed certificate has 1 Yes 1 ☐ Yes 2 ☐ No No To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifica Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Hesidence 6 Other (Specify) 10 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Dete of Injury (Month, Dey Year) 27. Menner of Death 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred Certification: 5 Pending Investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident in by the 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

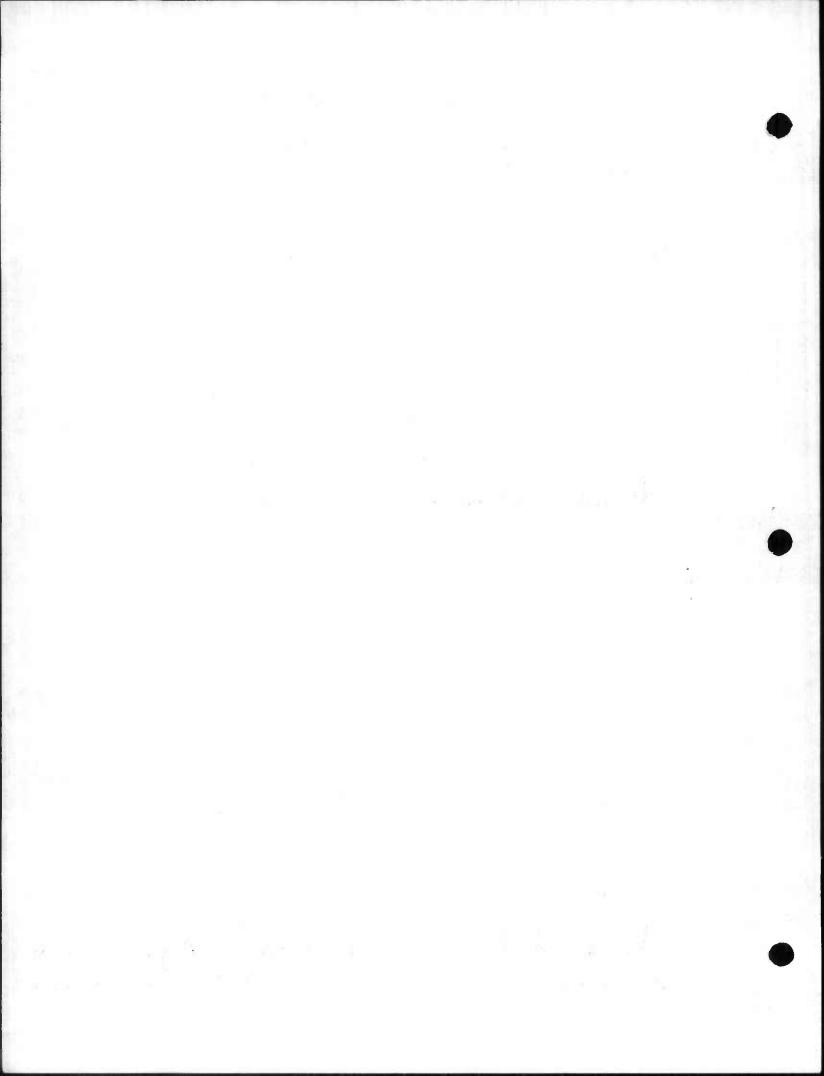
| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and placa, and due to the cause(s) and menner stated. 29a. Certifier Medical completely (Check only 29d. Date signed (Month, Day, Year) 29b. Signeture and title of certifier 29c. License number August Mance 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) medical association, 4820 Section Drive, Sutte 31. Date filed (Month, Day, Year) 32. Registrar's Signature

State Registrar

AUG 1 4 1996



DHMH 16 Rev 6/95



DR ATTENDING

SPITAL FUNERAL D TO THE HISPITED IN THE TANK TO A THE WITHER TO A THE WITHER TO A THE TANK TO A THE TAN

DRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have shown shown any Injury, or other traumatic event, the medical examiner must be notified at once.		es 1, 2, 3 shoul	
ORECTOR with the criticate has been signed by the affecting physician and completely filled in by the funeral director, page 5 should be detached for hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	attending prijohelait.	use as the burial-transit permit. Pag	
ORECTOR with the certificate has been signed by the aftending physician and completely filled in by the funeral director, page hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	rotation of the recipitation	5 should be detached for	notified at once.
DECTOR: After this certificate has been signed by the aftending physician and completely filled in by the fours after death with the State begs. of Health and Mental Hygiene prior to burial, cremation, or removal. Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical expenses the property of the prope	orders age of may be	uneral director, page	caminer must be r
ORECOTOR. After this certificate has been signed by the attending physician and complicuous after death with the State Dept. of Health and Mental Hygiene prior to burial, or Item 28 is marked, or Item 23 shows any Injury, or other traumatic eve		etely filled in by the f emation, or removal.	nt, the medical ex
MECTOR that this certificate has been signed by the attending hours after death with the State Dept. of Health and Mental Hygintem 28 is marked, or Item 23 shows any Injury, or of		physician and comp ane prior to burial, cr	her traumatic eve
DIRECTOR: After this certificate has been signours after death with the State Dept. of Heilten 28 is marked, or litem 23 shows	200 1000 000 000 000	ned by the attending atth and Mental Hygis	any injury, or of
DIRECTOR: After this cr hours after death with item 28 is marked,	order, the idea today	artificate has been sig the State Dept. of He	or item 23 shows
	OH OH THE PROPERTY OF THE PARTY	DIRECTOR: After this co	tem 28 is marked,

DIRECTOR

FUNERAL

BY

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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

296. SIGNATURE AND TITLE OF CERTIFIER

S.J. Venable, M.D.

AUG1 41996

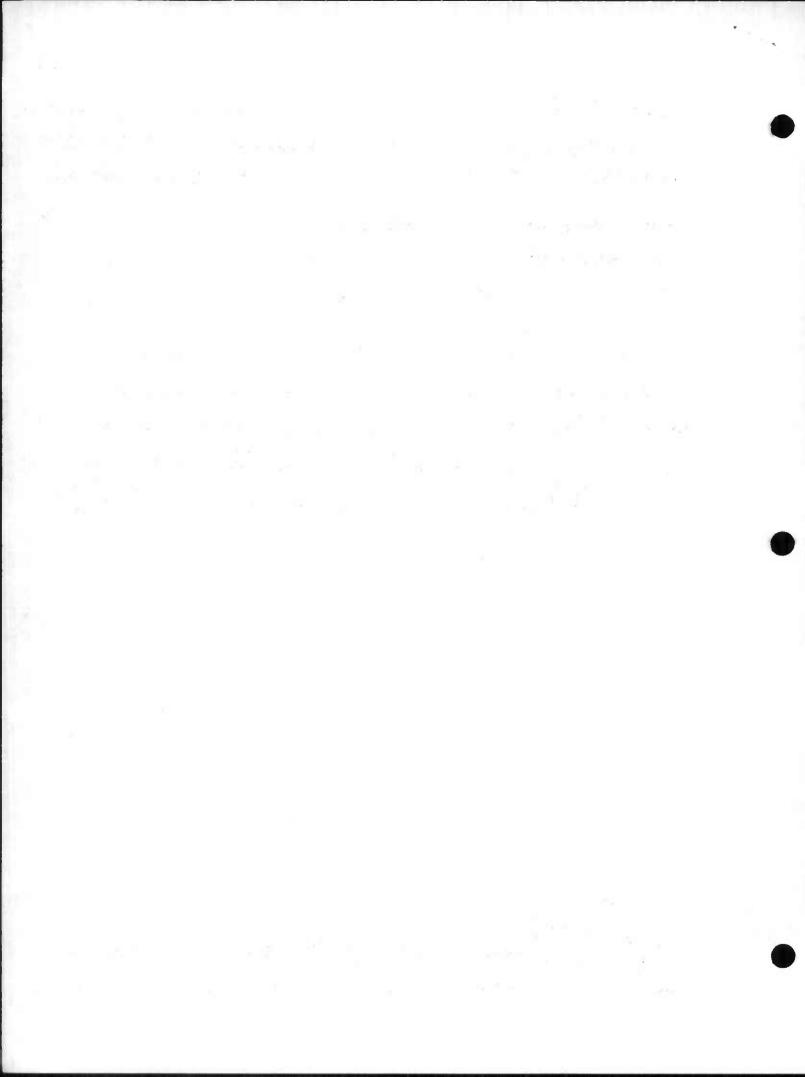
31. DATE FILED (Month, Day, Year)

96 24123 FOR STATE REGISTRAR STATE OF MARYLAND / BEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO. 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH Mildred D. Fait 1996 1:05 P.M 13 August 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTIN
(Month, Day, Year)
July 04, 1905 5 SEY B. AGE (In yrs. lest birthday) 8. BIRTHPLACE (State or Foreign DAYS 220-14-6328 91 HOURS 1 - M 2 X F Baltimore, Md. 9s. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore Co. Presbytarian Home Towson RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Co. Towson 1 YES 2 NO 10e, STREET AND NUMBER 10f. ZIP CODE 10a, CITIZEN OF WHAT COUNTRY? 400 Georgia Court 21204 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TYES 2 NO SpecifyWhite Specify: 3 🔀 Widowed 4 🗌 Divorced 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INQUISTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) Home Maker Own Home 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Caroline Meeks Harry C. Davidson 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Susan M. Thebaud (Granddaughter) 305 Valley Court Road Lutherville, Maryland 21093 DATE 20c. LOCATION — City or Town, State 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of XXBurial 2 Cremation 3 Ramoval from State
4 Donation 6 Other (Specify) Moreland Memorial Park 8/16/96 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Jeffrey L. Gair 22. NAME AND AGORESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 York Road Towson, Maryland 21204 23. PART I. Enter the discesse, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, shock, or heart failure. List only one cause on each line. Interval Between Onset and Daath IMMEDIATE CAUSE (Final CHRONIC RENAL FAILURE disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF Sequantially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO ANEMIA COMPLETION OF CAUSE T YES 2 AO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES ☐ NO ☐ UNCERTAIN 🖄 26. PLACE OF DEATN (Check only one) 25. WAS CASE REFERRED TO MEDICAL RETIREMENT HOME HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 (POther (Specify) 1 YES 2 NO ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DDA 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF INJURY 28d. DESCRIBE NOW INJURY OCCURED 1 Watural 5 Pending 1 YES 2 NO Investigation 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 4 Nomicide 29a. CERTIFIER
(Chack only)
1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) Mera 8-13-96 11020 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) Towson, Maryland 21286 610 Wilton Road 39, REGISTRAD'S SIGNATURE

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene O.C.

			State of Maryland / Department of Health and M Certificate of Death		iene 9 (5 2	4124		
	4	-3	Decedent's Nama (First, Middle, Last)	2. Date of Deat	h	V	3. Tima of Death		
	Physic /Medi		EVA E. FIALA	AUGUST	-12 190	Yaar	8:25 A.D.		
)	Exami		4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Lo		4c. County	of Death			
			LORIEN-KIVERSIOS NURSING HOME BELLAM	10		RFO			
	Funeral		5. Social Security Number 6. Sex 1 M 2 F 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. Months Days Hours Min.	8. Date of Birth (Month, Day,	Year)	9. Birthpla Country	ca (Stata or Foreign		
	Director		Usual Residence of Decedent	AUG. 12	1951	MAR	YLAND		
	land m ow		10a. State 10b. County 10c. City, Town or Location			100	d. Inside City Limits		
	death with the Maryland ms 23e or 28e-f show f mast be notified at	to	MARJAR HARTORD EDGEWOOD				1 ☐ Yes 28 No		
	or 28a-f	Director	10e. Street and Number 10f. Zip Code	1	0g. Citizen of W	hat Country	y?		
	23a or	0	1903 CHERRY PLACE 21040		1)	9.7			
	items ?	Funeral	11. Maritai Status 12. Was Decedent Evar In U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Spe If Yas, specify Cuban, Mexican, Puarto	ecify Yes or No-		- Amaricar			
5-0020	8 9 6		1 ☐ Yes ② Nevar Marriad 2 ☐ Married 1 ☐ Yes ② No If Yes, Give 1 ☐ Yes ② No Specify:	nicari, acc.)	Specify	c, Whita, at	c.		
2-0	natural',	Completed by	15. Decedent's Education 16a. Decedent's Usual Occupation	(a	16b. Kind of Bu	siness/Indu	stry		
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pu	be filed tal Hygie d other event, ti	Be	17. Father's Name (First, Middle, Last) 18. Mother's Name	(First, Middle, M	daiden Sumam	a)			
Z	and Mental s marked o	To	FRIOSRICK FIALA AGOS	:21 23	BSCH	ER			
Maryland			19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rura	Al Routa Number	City or Town,	Stata, Zip C	21016 (epo:		
	f and Health em 27		20a. Method of Disposition 20b. Place of Disposition (Name of	1771-11	20c. Location	SYLAG	Q		
Jou	Q = = 9		1 Bunal 2 □ Cremation 3 □ Removal from State cemetery, crematory or other place)	16.16	200. Location	City of Town	n, Stata		
Baltimore,			4 Donation 5 Other (Specify) 21. Spatial of Europea Spring Liganope 22. Name and Address of Facility	1996 (JARLIO	Tolon	1 ARVLAND		
Ba	Departr Departr Imports any Injt		EVAN FUNCAL C	-LIGAH	- BETH	18,1	H. Sloro		
	_	-	23a Part 1 Enter the disease or complications that have end the death. Do not enter the mode of this a such as parties	IVE F	1000	THE	pproximete		
	Physician		23a. Part1. Enter the disease, or complications that eausad the death. Do not entar tha mode of dying, auch as cardlec of shock, or heart failura. List only one cause on each line.	or respiratory arre	951,	1 10	nterval Between Onset and Death		
	/Medicai		immediate Cause (Final			C	-days		
ì	Examiner		disease or condition resulting In death) Due to (or as a consequence of):				1		
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	nd Transi	Examiner	Sequantially list conditions, Due to (or es, a consequence of):	C/I			una. A.		
90	e axe	E	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	P.V.C.In	e The ex	y woning			
68760,	icate be executed physician and s the burial-transit	edlcai	that initiated events resulting in death) Last Due to (or as a consequence of):		Orran				
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Box	death certifica a attending ph d for usa as ti	Physician/M				j			
P.O.	V 60 X	ysic	Part I/. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	23b. Did to	bacco use con	tribute to ti	he cause of death?		
	that the	4	Hyper tension	1 TY	2 No	3 Proba	bly 4 🗆 Unknown		
Records,	w requires that tha been signed by th should be detache	d by		24a. Was ar	n autopsv	24b. Were	e autopsy findings		
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tal	ician: Th certificata rector, par		25. Was case referred to medical 28. Place of Death	1 Ya		1 🗆 1	Yas 2□ No		
of Vital	Physician: this certifica	To Be	examiner?			r (Specify)			
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0	Attending Phirideath.	atio	1 Metural 5 Pending (Month, Day Year) Injury Work? 2 Accident Investigation M 1 Yes 2 No						
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	ospital or Attendil tours after death. meral Director: A y illed in by tha fu	Cer	Chy of Form, Glacoy						
_	To the Hospital or Atten- tion 24 hours after deat To the Funeral Director: completely lilled in by tha	edicai	29a. Certifiar (Check only one) Check only one) Check only one) Check only one) Check only one) Check only one) Check only one) Check only one) Check only one)	and due to the ca ed at the time, da	use(s) and mar ate and place, a	nner as stet nd dua to th	ed. he cause(s)		
n		M	29b. Signatura and title of certification of certificatio	29	29d. Data signed (Month, Day, Year)				
0			1 / STED ELAR H39M77	7 A	1996 - 14 1996 - 12050000 SETER WAY- EDGEWOOD				
_	12	-	30. Name and address of purpose who completed cause of death (Item 23a) (Type, Print)		10001	1-1	170		
	10		DR PEIER J. LOPREST, 1308 BUSINESS	CSNIS	R WAS	1-50	066432		
	Sta		31. Date fined (Morin, Dey, Tear)						
	Registr	ar	AUG 14 1996 " 2 Day Son- Hondelle						



item #9c, filmg 738, State of Maryland / Department of Health and Mental Hygiene 9 5 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2 Date of Death 3. Time of Deeth Month **Physician** 11:15 Pm terbut, L. Fisher /Medical 4c. County of DeathANNE ARUNDEL 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth Examiner HOSP. tAZ n hel Glen BULWIE If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number Birthplece (State or Foreign Country)
 BALTIMORE 7. Age (In yrs. last birthday) **Funeral** 1 DM 2 □ F 220-14-4260 72 Yrs. AUG.3,1924 Director Usuel Residence of Decaden with the Maryland 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23e or 28=1 show traumatic event, the Madical Examiner must be notified at MD 1 TYes 2€ No Director ANNE ARUNDEL MILLERSVILLE 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 8342 ELM ROAD 21108 U.S.A. death 12. Wes Decedent Ever in U,S. Armed Forces?

1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Reca - American Indien, Bleck, White, etc. 11 Maritel Stetus e filed within 72 hours after of it hygiene. 1 □ Never Merried 2 ▼ Merried Saltimore, Maryland 21215-0020 1 Tyes 2 No Specify: Specify: WHITE þ 3 ☐ Widowed 4 ☐ Divorcad 18a, Decedent's Usuel Occupation 16h Kind of Rusiness/Industry 15. Decedent's Education (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) CONTRACTOR SELF-EMPLOYED 12THGRADE 4 YRS 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Peges 1 and 2 should be fill ment of Health and Mental Hy ant: If them 27 is marked oth HERBERT LEE FISHER, SR. CATHERINE J. BURTON 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) MINNIE LOUISE FISHER (WIFE) 8342 ELM ROAD - MILLERSVILLE, MD 21108 other 1 20e. Method of Disposition 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 XBurial 2 Cremetion 3 Removel from State Department of Important: If eny Injury or Injury or LOUDON PARK CEMETERY 8/15/96 4 ☐ Donetion 5 ☐ Other (Specify) BALTIMORE 21. Signeture of Funerel Service Licensee 22. Name and Address of Facility HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVENUE-BALTIMORE, MD 21229 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dylng, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line. Approximeta Intervel Between Onset end Deeth **Physician** /Medical Immediate Cause (Final DNEWMONIA disease or condition resulting in deeth) Examiner Due to (or es e consequence of) Examiner CONCESTIVE sician and buriel-transit Due to (or es e consequence of) Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury CORONARY ARTERU physician 68760 ficate be Physician/Medical thet initieted events resulting in death) Lest Due to (or es a consequence of): the attending p 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. been signed by the should be detached o 3 Probably 4 □ Unknown 1 Ves 2 No Division of Vital Records, à 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Wes an autopsy performed? has page 2 20 No 1 Yes 2 No certificate 1 Yes funeral director, 25. Wes case referred to medical examiner? Be 26. Place of Death (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) ဥ 1 Yes 2NNo 112 Inpatient 2 ER/Outpetient 3 DOA this 28a. Dete of Injury (Month, Dey Year) 27. Mennaf of Deeth Certification: 28d. Describe how Injury occurred 28h Time of 28c. Injury et Work? Attending Neturel 5 Pending 1 Tyes 2 No investigation 2 Accident after death Director: / 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 Homicide 🗹 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(s) end menner as stated. 29e. Certifier Medical (Check only one) 200 2 Medicat Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and pleca, end due to the cause(s) end menner steted. 29d. Dete signed (Month, Day, Year) 29b. Signeture end title of cartifier 29c. License number MD 30. Neme end eddress of person who completed cause of deeth (Item 23a) (Type, Print) DMVE. GLEN BURNE DILETUND. 301 HUSPITAL 31. Date filed (Month, Day, Year) 32. Registrer's Signeture State m waveler Randell 4 1996

DHMH 16 Rev 6/95

Registrar

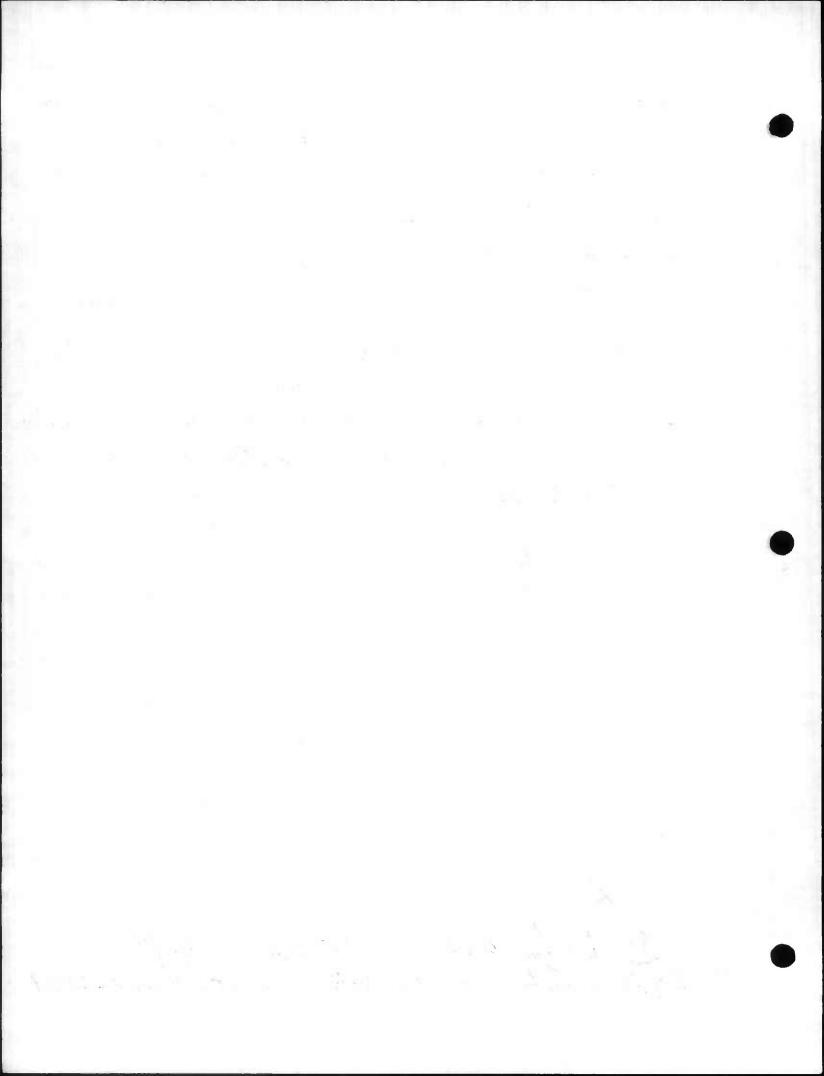
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name /First, Middle, Last. 3. Time of Death 2. Date of Death Month Veer **Physician** 9:10 Am Ro Land Griffin 96 10 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 1606 Northbourne Road Ballimore If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Sociei Security Number 7. Age (In yrs. last birthday) If Under 1 Year 6 Sex **Funeral** Days 1 17 Jel 2 □ E 69 Yrs. 218-22-2113 mD Director Usual Residence of Decedent the Maryland 10b. County 10e State 10c. City. Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examiner must be notified at WIA maryland 11 Yes 2 No Director Baltimore 10e. Street end Number 10f. Zlp Code 10g. Citizen of What Country? 1606 North bourne USA 23a 21239 death 12. Was Decedent Ever in U,S Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours effer c Department of Haatih and Mental Hygiane. Important: If them 27 is marked other than "natural", or then any injury or other trainmeth. 1 Yes 2 DHo
If Yes, Give
Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 LNo Specify: Black Specify: þ 3 ☐ Widowed 4 ☐ Divorced 18a. Decedent's Usual Occupation (Give kind of work done during most of working lite. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade Elementary/Secondary (0-12) College (1-4or 5+) Welder orchester 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) unknown Marble 19a. Informant's Neme/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Ballimore, maryland 3) Jessie Griffin (Wife) 1606 Northbourne Road 20b. Placa of Disposition (Name of cametery, crematory or other placa) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Surial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 115/96 Baltimore, Maryland 8 altimore cemeters 22. Name and Address of Facility Cuneral Home 21. Signature of Funeral Servica Licensee Jy miller 39 N Broadway Baltimore, Mi) 21213 16 23a. Part Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, mosk, or heart failure. List only one cause on each line. Onset end Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Examiner physician and s the burial-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of): attending signed by the a d be datached f Pert II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? 1 Yaa 20 No 3 Probably 4 Unknown à 24b. Were autopsy findings available prior to completion of cause of death? been si 24a. Was an autopsy performed? Completed 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: 24 hours after death. Funeral Director: After this cartifice 25. Was case referred to medical Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA funarel 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 27. Menner of Death 28b. Time of 28c. Injury at Work? Certification: 5 Pending investigation Natural 1 Tes 2 🗆 No 2 Accident 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 - Homicide To the Hospital or Within 24 hours aft To the Funeral Di completely filled in Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

Madical Examinar: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) and menner stated. 29a. Cartifier Medicai (Check only one) 29c. License number 29d. Date signed (Month, Day, Year) ompleted cause of death (Item 23a) (Type, Print) Name and address of person whe /As 6/10 32 Begistrar's Signature 31. Date filed (Month, Day, Year)

State Registrar

1996

AUG14



Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

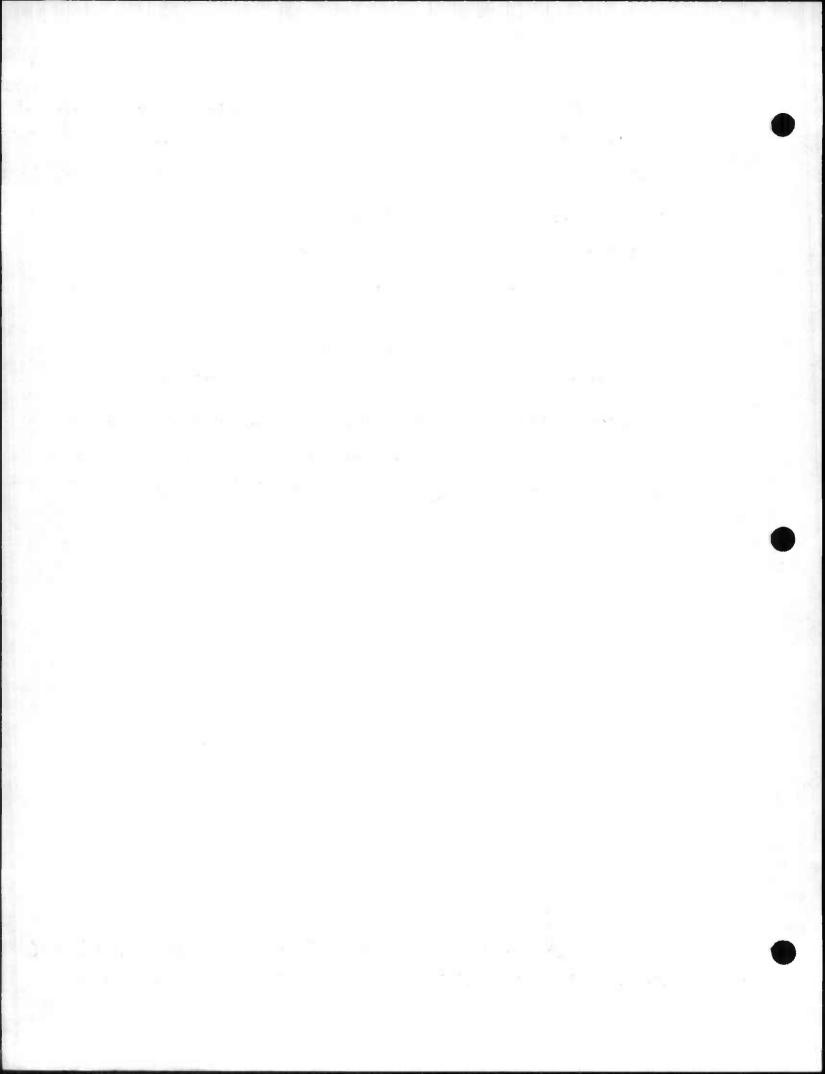
State of Maryland / Department of Health and Mental Hygiene

96 24127

						Cei	tificate d	of Death		Reg. No.	20 6	-9161
		, 1	1. Decedent's Neme (First, Middle, L.	ast)					2. Dete of Month	Death		3. Time of Death
	Physic /Medi		LUTHER GILMORE						AUGUS	T 12, 199	96	11:15 P.1
	Exami		4a. Facility Name (If not institution, gi	ve street end numbe	r)			4b. City, Town,	or Location of De		y of Deeth	
			V.A. MEDICAL CEN	TER				FORT HO	WARD	BALT	IMORE	
	Funeral Director		251-36-7455	Sex 7. A 1⊡M 2□ F	ge (In yrs. Ie 70	sf birthdey) Yrs.	If Under 1 You Months De		in. (Month,	Birth Dey, Year) 2,1926	9. Birthpled Country	se (State or Foreign ') SC
	pue *		Usuel Residence of Decedent 10a. Stete 10b. County		10c. City.	Town or Lo	cation				104	I. Inside City Limits
	he Maryi Sa-f sho ordina	Director	MD n/	'a			Baltim					1√1¥es 2□No
	23a or 2		10e. Street end Number 2910 Westwood	Ave.			10f. Zip Cod	1216		10g. Citizen of USA		
020	be filed within 72 hours efter death with the Maryland tal thyglene. d other than "natural", or itema 23a or 28a-f show event, tre Medical Examiner must be noticed at	by Funeral	11. Meritel Stetus 1 Never Merried 20: Merried 3 Widowed 4 Divorced	12. Wes Deceden Armed Forces 1 XXS 2 If Yes, Give Yeer or Detes	? No	l I	Vas Decedent Yes, specify (□ Yes 2	of Hispenic Origin? Cuban, Mexican, Pu No Specify:	(Specify Yes or erto Rican, etc.)		ce - American ick, White, etc fy:	
21215-0020	within 72 hc ene. then *netur	Completed	15. Decedent's Eigenstein (Specify only highest grade) Eigenstein/Secondery (0-12)	ducation ade com <i>pleted)</i> College (1-4or	5+)	(Give	OO NOT use re	one during most of a stired)	vorking	16b. Kind of B		
7	Hygier ther th		9th	41		Bri	.ck La				struct	tion
Maryland	should be fi and Mental H marked ob umatic ever	To Be	17. Father's Neme (First, Middle, Las Hadrick Gilmor	•					nces Mo	dle, Melden Surner CQuin	ne)	
Jar	O1 00 00 00		19e. Informent's Neme/Relationship			19b. Meilin	g Address (St	reet and Number or	Rural Route Nur	mber, City or Town	, State, Zip Co	ode)
2,0	Pages 1 and 2 hent of Health int: If Item 27 i		Ruth Gilmore/	rife				wood Av				216
0	8 " m k		20e. Method of Disposition 1 ☑ Buriai 2 ☐ Cremetion 3 (Removel from Stete	0.01	netery, crem	sition (Name on netory or other	f plece)	Dete	20c. Location		
altimore,	tant:		4 Donetion 5 Other (Special	(y)	Ga		n For		8/19	Owing	s Mil	ls, MD
Bal	permit. Pag Department Important: I any Injury o		21. Signatura of Funerei Service Lice	nsee WL	no ten	Ja	emes	dress of Fecility A. Morte urens S				Home 21216
	Physician		23a. Pert1. Enter the disease, or con shock, or mert feilure. List only	nplications that cause one cause on each	ed the deeth. line.						A	pproximete iterval Between Inset and Deeth
	/Medical Examiner		Immediate Cause (Finei disease or condition resulting in death)	e. CANC		G WIT	Section Control	R METASTAS	SIS		3 1	MONTHS
_	D #	iner	_	h	,							
	ertificate be executed ing physician and e as the burlei-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	D	Due to (or	es e conseq	uence of):				i	
60,	cian t	ie E	Cause (Disease or injury	C								
68760,	phys the	edicai	thet initieted events resulting in deeth) Lest		Due to (or e	s e consequ	uence of):					
Box	2 5 0	≊		d								
ă	that the death ce ted by the attendi	Physician	Port II. Other elevidiness conditions	and the standards	h	la a la Ab a	4.4.5.		001-0	tel to be a second		
P.O.	the cy the ache	hys	Pert II. Other significant conditions	contributing to death	out not resur	ing in the ur	idenying cause	given in Pert I.		Yes 2 No		he cause of death?
ر. ت	es that igned t	by P	CACHEXIA						_ '	_ 108 ZUN0	32710000	Ny 4 Onknown
Records,	been s	Completed t							24e. W	es en autopsy erformed?	aveila	autopsy findings able prior to pletion of cause ath?
	0 - 0	Eo							11	□Yes 25 No	1DY	ras 2□ No
Vita	ician: The certificate rector, pay	BeC	25. Was case referred to medical					26. Piece of D	Deeth (Check on	21.		
>	Physician: r this certific and director,	To E	examiner? 1 ☐ Yes 2 🌠 No	Hospitel: 1 X fnpat	ient 2 E	R/Outpalien	3□ DOA	Other		esidence 6 Oth	ner (Specity)	
0	ding Ph h. After th funeral		27. Manner of Deeth 1 ☑Neturei 5 ☐ Pending	28a. Dete of Inj (Month, D	ury 2	8b. Time of Injury	28c. f	njury at Work?	28d. Descrit	oe how injury occur	red	
Sio	Attending or death.	atic	2 ☐ Accident investigation	n	,	,		1 ☐ Yes 2 ☐ No				
Division of	ial or Attences after death	Certification:	3 Suicide 6 Could not be 4 Homicide determined	I ≥89. PIECE OF IT	ijury - At hom tc. (Specify)	e, ferm, stre	eet, fectory, off	ce	28f. Location City or	n (Street end Numi Town, Stete)	ber or Rural R	loute Number,
	To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the fune.	edicai (29a. Certifier (Check only one)	nysician: To the best minar: On the basis of end menner s	of examinelic	edge, deeth n end/or inv	occurred et the estigetion, in n	e time, dete and ple ny opinion, deeth oo	ce, end due to the curred et the time	he cause(s) and m ne, dete end plece,	annar as state end due to th	ed. ne ceuse(s)
	vithii To th	M	29b. Signature end title of certifier				29c. Lic	ense number		29d. Dete signe	d (Month, Da	y, Year)
			9	108m	d			30528 Aug 12th			I 1996	
	6		30. Name and address of person with BALA S. DUGGIRA					ROAD, FOR	T HOWAR	D, MARYLA	ND 210)52

DHMH 16 Rev 6/95

State Registrar



retained by the hospital or attending physician. should be detached for use as the burial-transit permit, Pages 1, 2, 3 should MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68/60 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death centificate be executed within 24 hours after death. Page 6 may be retained by the hos To THE FUNETAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache for the following the death with the State Bopt. of Health and Mental Hygiene prior to bunial, crembial. or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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							20	24128			
	1 - FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTM			MENTAL HYGIEN REG. NO	_				
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF OEATH	AV VEA	3. TIME OF DEATH			
	Hilda Gregus					August	12,1991	2215 PM			
	AND THE PROPERTY OF THE PARTY O			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8, Bit	RTHPLACE (State or Foreign untry)			
	25-10-7761 19e. FACILITY NAME (if not institution, give street		6 YRS.		HOURS MIN.	July 29.1		laryland			
OR	Union Memorial Ho				ore City		N/A				
ច្ច	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CITY. TO	OWN OR LOCAT	ION	-		10d. INSIDE CITY			
DIRECTOR	Maryland	N/A			e, City			LIMITS?			
FUNERAL	10e. STREET AND NUMBER		10g. CITIZEN O	F WHAT COUNTRY?							
ÿ	5009 Frankford Av				212			U.S.A.			
5	11. MARITAL STATUS 12. 1 Never Married 2 Merried	WAS DECEDENT EVER IN L FORCES? 1 YES				IIC ORIGIN? (Specify Yes n, Puerto Ricen, stc.)	or No — 14. R.	ACE — American Indian, lack, White, etc.			
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	ES		2 X NO Specify		Si	pecify:			
	15. DECEDENT'S EDUCATION	ON F	80. DECEDENT'S US	White							
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) Elementary/Secondary (0-12) College (1-4 or 5 +)											
PL	12	Ollege (1-4 or 5+)	+	lomemak	er		Own Hom	P			
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 12 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname)											
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a		Route Number, City or Tow					
5	Mrs. Gwen G. Wagner	/Gr. Daught	er 2314	Hami	Itowne C	ircle- 212	37				
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State										
	4 Donetion 5 Other (Specify)	RO BO	bemian Na	etional	Cemeter	v 8/16/96	Baltimo	re, Maryland			
	21. SIGNATURE OF THERAL SERVICE MCENS	7111	/								
	Frield ("1	halu/ L		Leona	rd J. Ru	ck Funeral	Home,	Inc.			
	23. PART i. Enter the diseases, of com	plications that caused	the death. Do not	L 53U5	Hartord	Rd. Baltin	iore, Ma	ryland 21214			
	ahock, or heart fellure. List orfly one ceuee on each line. IMMEDIATE CAUSE (Finel										
	disease or condition reaulting in death)	DUE TO (OR AS A C	ONSEQUENCE OF):	yndi	rome		Iweek				
NO	Sequentially list conditions, b	Kena	In	suff	iciena	cy		Lweek			
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	M A . \ \	Consequence of: In sufficience consequence of: Congestive heart			Friduxe	141201				
	CAUSE (Diseese or injury C	DUE TO (OR AS A C	CONSEQUENCE DO	STIVE	HEILVT	Tallare	·	Tweek			
Ē	that initieted events resulting in death) LAST		,					į			
CE	d										
AL	PART ii. Other aignificent conditions c	1	4	he underlying	ceuse given in	Part I. 24s. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO			
2	Dementia, A	trial tibri	llation,	Left	Knee	1 _ YES :		COMPLETION OF CAUSE OF DEATH?			
ME	posterior toss	a decul	octus, H	Hoerce	ocignical	e		1 TYES 2 NO			
ž	DID TOBACCO USE CONTRIB	UTE TO CAUSE OF	DEATH YES	☐,NO 🖪	UNCERTAIL	N					
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	B. PLACE OF DEATH								
VSI		Inpetient 2 ER/Outpet	tient 3 DOA 4	THER: Nursing Hom	e 5 🗆 Reeldence	8 Other (Specify)					
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O		URY AT RK?	28d. DESCRIBE HOW	INJURY OCCURED)			
ВУ	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆							
ED	3 Suicide 8 Could not be	28e. PLACE OF INJURY - building, etc. (Specif)	At home, ferm, stre	et, fectory, offic		261. LOCATION (Street City or Town, Stete		ral Route Number,			
Ë											
P	Corrock Gray	N: To the best of my knowle	dge, death occurred i	at the time, date	end plece, end due	to the ceuse(e) end me	nner ee atsted.				
COMPLET	2 MEDICAL EXAMINER: C	In the beele of examination	end/or investigation, i	in my opinion, d	eath occured at the	time, date end place, e	nd due to the ceu	se(e) and manner ee stated.			
	296. SIGNATURE AND TO LE OF CERTIFIER	12	ou.		29c. LICENSE NUI	MBER	29d. DATE SIGI	NED (Month, Day, Yeer)			
3 BE	7/E () /	mitt	, MI)	AT 243	389410	Augu	st 12, 1996			
5	30. NAME AND ADDRESS OF ERSON WHO C	OMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, Pri	int)	,		3	11 410			
ELIZABETH A. BENNETT, Munim Memorial Hosp. 201E. University Parkney Bult, MD											

Julia Dandon Maria

31. DATE FILED (Month, Day, Year)
AUG 1 4 1996

DHMH-16 Rev 1/89

Please Type or Print in Biack Indelible Ink. Assure All Copies Are Legible.

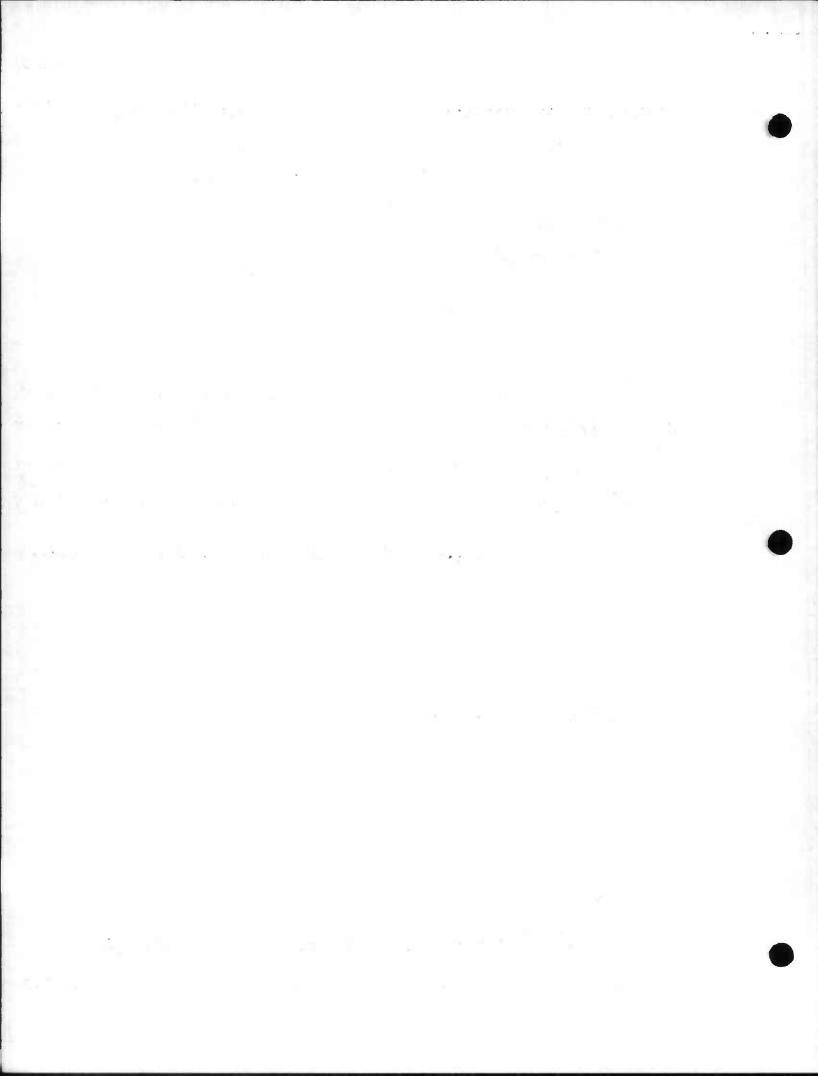
State of Maryland / Department of Health and Mental Hygiene

21,129

				Certificate of Death	Reg. I	No.	
	D1	• • • •	Decedant's Nama (First, Middle, Last)		2. Data of Death		3. Time of Death
	Physic /Medi		THEODORE J. GOSSMAN		AUGUSTI	0. 1996	6:00AH
	Exami		4e. Facility Nama (If not Institution, give street and number)	4b. City, Town, or I	ocation of Death	4c. County of Deatl	h
			8800 Walther Blvd.	Carne	V	Daltim	are
	Funeral		5. Social Security Number 6. Sex 7. Aga (In yrs. le.	Months Days Hours Min.	8. Data of Birth	g. Birti	hplace (State or Foreign
	Director		0/2-01-0188	Yrs.	May 24,	1915 MG	iRyland
	B		Usuai Rasidance of Decedant 10a. Stata 10b. County 10c. City.	Town or Location	/ '		10d. inside City Limits
	aho a	ŏ	Manual Rallings	ALLO			1 ☐ Yas 2 PNo
	28a1	Director	10e. Street and Number	10f. Zip Coda	40-	0.000	
	N N		POM SALONILA RIVAL	212811	109.	Citizan of What Co	untry?
	23 m	Funeral	11. Maritel Status 12. Wes Decedant Evar in U,S	. 13. Was Decedant of Hispanic Origin? (S	peoply Vee or No-	14. Raca - Ame	ricen Indian
	ther of	Fun	Armed Forcas?	If Yes, specify Cuben, Maxican, Puart	o Rican, etc.)	Biack, White	e, atc.
20	15 al	by	1 □ Nevar Married 2 □ Merried 1 □ XYes 2 □ No If Yas, Giva Yaar or Detas: W ✓	1 ☐ Yes 2 No Specify:		Specify: 14/	4.40
0	d within 7.2 hours after death with the Maryland shee. yiene. then "natural", or frems 23a or 28a-1 show the Maryland Eventing must be notified at		15. Decedant's Education	16a. Decedant's Usual Occupation	16b	. Kind of Businass/l	Industry
215	三 章	Completed	(Specify only highest grade completed) Elamantary/Secondary (0-12) College (1-4or 5+)	(Give kind of work done during most of work life. DO NOT use retired)	king)	
21	Hygiene. Hygiene. ther ther	EO.	124RS. /UR	Ship Builder		past 6	uard
pu	e illed el Hygid other vent, il	Be	17. Fathar's Nama (First, Middle, Last)	18. Mothar's Nen	na (First, Middle, Maid	len Sumame)	
yla	and Mentel I marked o	10	FREDERICK GOSSMAN	Cathe	PRIME .	Schoex	Sherger
Maryland 21215-0020	V -0 -0 -		19e. Informant's Name/Relationship (Type, Print)	19b. Meiling Addrass (Street and Number or Ru	. 4		11 1-1-17
	f Heeith item 27 other tr		College Kollege	P.D. 3 Box 408 Hyson School		nartstown	
Baltimore,	2 7 2		20a. Method of Disposition (20b. Pla 1 Buriei 2 □ Cramation 3 □ Ramovel from Stata (cen	ca of Disposition (Name of metery, crematory or other placa)	Aug /6 20c.	Location - City or	Town, Stete
E d	artmen ortant: injury		4 □ Donation 5 □ Othar (Specify)	I Reoleemer Cemetery	1996 B	al 4 more	Maryland
3al	Definit. Pege Department of Important: If any injury or once.		21. Signature of Funeral Service Licensitie	22. Name and Address of Facility		8800 NO	upford Rd.
	70 = 4 Q		from the word	EVORS Chapel of M	lemolies	PAPLVII	le Md 21234
			23e. Part1. Entar tha diseasa, or complications that caused tha death. shock, or heert failura. List only one cause on that lina.	Do not antar tha moda of dyirlg, such es cardiac	or raspiratory arrast,		Approximata Intarval Batwean
			1				
	hysician		A A		1 ,	,	Onset and Death
6	hysician /Medical xaminer		Immediata Cause (Fine) disease or condition resulting in death)	entic Cardiovar	culas d	reland	
6	/Medical	er	disease or condition resulting in death)	endic Cardiovar	entos d	reland	
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DHMH 16 Rev 6/95

Registrar



96-4401-017 AM UNK.96-173

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

AUGUST 06,1996

24130

					Certificate	of Death	Re	g. No.		C4100
	Dharais		1. Decedent's Neme (First, Middle, L.	ast)			2. Dete of Death Month	1	Voor	3. Time of Deeth
	Physic /Medi		CARL	T ₁ .	GILLESP	TE III	AUGUS	_ '0 = -	Yeer 1996	15:15
	Exami		4e. Fecllity Neme (If not institution, gi	ive street and number)			Location of Deeth	4c. County of		
			ST. CHARLES P	KWY.& BILLI	NGS RD.	N	1/4	CHAR	RLES	
П	Funerai	Г	5. Sociel Security Number 6.		s. lest birthdey) If Under 1 Y Months D	ear If Under 24 Hr		Voorl 1	9 Birthple	ce (Stete or Foreign
	Director		213-13 1720	12 M 2□F 22	Yrs.	oys riodis iviii	4-15		WASH	
	pu *	1	Usuel Residence of Decedent 10e. Stete 10b. County	100 6	city, Town or Location				1.0	
	sho	5		G = 2	FT. WASHING	T-1			100	d. Inside City Limits 1 ☐ Yes 2 ☑ No
	the N	Director	MD. YRINCA	CEOKOC						
	with w		01101	1 1.10-	10f. Zip Co	2 - 74	10	g. Citizen of Wi	5A	y?
	72 hours after deeth with the Maryland natural', or items 23s or 28s-f show pical Examiner must be inciffed at	Funeral	7616 Gle	12. Wes Decadent Ever In	II S 13 Was Decedent	201-	Smooth, Van as Na	-		Indian
	Herr	5	1 Never Married 2 Married	Armed Forces?	If Yes, specify	of Hispenic Origin? (Cuben, Mexican, Pue	rto Rican, etc.)		- America , White, et	
20	Irs af	by F	3 Widowed 4 Divorced	If Yes, Give Yeer or Dates:	1 ☐ Yes 2 12	No Specify:		Specify:	BI	v.k
21215-0020	2 hou	P	15. Decedent's E	Education	16e. Decedent's Usuel O	ccupation	1	6b. Kind of Bus	siness/indu	strv
215	hin 7.	Completed	(Specify only highest gr Elementery/Secondary (0-12)	rade completed) College (1-4or 5+)	(Give kind of work d	one during most of w	orking			
21	filed within Hygiene.	E O	Lienter to 17/3 de Corto a 17/3 (0-12)	N/A	JAL	VITORIAL		Custo	AIDE	_
D	be file d othe event	Be	17. Fether's Neme (First, Middle, Las	"	1	18. Mother's No	ome (First, Middle, M.	aiden Sumeme)	
/a	should be nd Mental marked o	To	CARL	. Gillespie	_ JR.		ouce A	NN 1	ATR	7074
Maryland	end I		19e. Informent's Neme/Relationship		19b. Mailing Address (Si	reet end Number or F	iural Route Number,			
	1 and Health hm 27 i		Joyce A. Coille	spie / MOTHER	2400 COR	LNING AVE	. Apt 10-	+ 1+ 1	MA2H.	lyton MD
more,	of H of H f item		20e. Method of Disposition 1 ☐ Buriel 2 ☐ Cremetion 3 [4	Plece of Disposition (Neme of cametery, cremetory or other	of place)	Olate 2	Oc. Location - C	City or Tow	n, Stete
Ē	Pages ment of I ant: If its		4 □ Donetion 5 □ Other (Speci	ty) Lon	10/11/ Vauly Co. C	remator	98196 3	SCHAE,	Fiel.	un, PA.
ä	permit. Pages 1 and 2 should be filed within 72 hours after deeth with the Marylan Department of Health end Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show my highly or other traumatic event, the Medical Examples require must be notified at acceptance.		21. Signature of Guneral Service Lice	nsee	22. Name end A	ddress of Fecility	3575 7	WERAL	1 16	rue
m	20299		Hully	Cromace	E' 1129 71.	Carelin	le 57- /3	BALTO. 1.	210	21213
	1900		23a. Part 1. Enter the disease or con showk, or heart failure. Ast only	nplicetions thet caused the dee	ath. Do not enter the mode of	dylng, such es cardia			1	Approximete ntervel Between
3	Physician					0			(Onset end Deeth
	/Medical Examiner		Immediate Ceuse (Finel disease or condition resulting in deeth)	· Gun	shot Woun	Q of H	iead			
		<u>.</u>	resulting in deeth)	Due to	(or es e consequence of):					
	pet list	Examiner		b. ——————						
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n	death se atter	Physician	Part II. Other significent conditions of	contributing to death but not re	sulting in the underlying cause	a given in Pert I	23h Did toh	ecco use conf	tribute to t	he cause of death?
<u>о</u>	the the	hys			outing in the andonying oute	gwort in rote i.			3 Probe	01
	gned be de	by F								V
D	law requires that tha death as been signed by the atte o 2 should be detached for						24e. Wes en		24b. Were	e eutopsy findings eble prior to
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ř	0 - 0	E					1 Dies	2 🗆 No	M.	Yes 2 No
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	ysician: is certific director,	ToE	exeminer?	Hospitel: 1 ☐ Inpatient 2 ☐	ER/Outpetient 3□ DOA	Other	Home 5 Residen	PAGE	r (Specify)	WOODS
n or	Attanding Physician: or death, ector: After this certific by the funeral director,		27. Menner of Deeth	28e. Dete of tnjury (Modifin, Dey Year)	28b. Time of	Injury et Work?	28d. Describe how	v Injury occurre	d	110000
Ö	death. ctor: Aft y the fur	atic	1 Naturel 5 Pending 2 Accident Investigatio	n Found 815 196		1 ☐ Yes & ZNo	subjec	f shut		
JIVISION		Certification:	3 ☐ Suicide 6 ☐ Could not be determined	One Diese of Leiner At L	nome, farm, street, factory, off	ice	28f. Location (Stree City or Town,		r or Rural I	Route Number,
2	ed in				Found in driv	eway			Plata	Mel
	F TO B	edicai	(Check only 2 Medical Exar	nysician: To the best of my knominer: On the basis of examine	owledge, deeth occurred et the	e time, dete end plec ny opini <i>on</i> , deeth occ	e, end due to the ceu urred et the time, det	ise(s) end men le and piece, er	ner es stet	ed. ne ceuse(s)
1	STATE OF THE STATE	Med	29b. Signeture and title of certifier	end menner stated.		ense number		d. Dete signed		2100231112
-	THE WATER	1	the state of t		E-VV: LN		230	ALA GIZIILON	ELECTRICAL CO	

OCME

State Registrar Dennis J

111 Penn Street, Baltimore, Maryland 21201

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

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ITEM#20b&20c film g738 8/9/96ag perFH Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death AMonth **Physician** 1996 /Medical 4c. County of Death 4e. Fecility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Geeth Examiner ANNE ARUNDEL NORTH ARUNDEL HOSPITAL GLEN BURNIE # Under 1 Year # Under 24 Hrs. 8. Data of Birth (Month, Days Hours Min. (Month, Day, Year) 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthday) Birthpleca (Steta or Foraign Country) **Funeral** 1□ M 2₺ 051-18-6215 Yrs Director BRONX Usuel Residence of Decedent permit. Pages 1 end 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural; or items 23a or 28a-f show any injury or other traumatic event, the Medical Examination must be notified as 10a. Stete 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 ☐ Yas 2 No Directo ANNE ARUNDEL GLEN BURNIE MD 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 21061 U.S.A. 7885 GORDON COURT Funeral 12. Wes Decedant Evar in U,S. Armed Forces? 1 ☐ Yes 2 ∑ No If Yes, Give Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yas 2 ☑ No Specify: WHITE þ 3 Widowed 4 □ Divorced 16a. Decedent's Usuel Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highast grade completed) Elementery/Secondary (0-12) College (1-4or 5+) HOMEMAKER HOMEMAKING 12TH GRADE 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) HENRY SURFLUH GESAIA GALLAGHER 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Coda) 208E. 21st STREET - NEW YORK, N.Y. 10010 CHERYL GANZ (DAUGHTER) 20b. Place of Disposition (Nama of LONG TRANSPORT OF PLACE EMETERY 8/12/96
PINELAWN MEMORIAL PARK 8/10/96 20e. Method of Disposition 20c. Location - City or Town, Stete NY 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete PINELAWN, LONG ISLAND, 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licansee 22. Neme and Addrass of Fecility HUBBARD FUNERAL HOME, INC. stew 4107 wilkens Avenue - Baltimore, Md 21229 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one dause on each line. Approximate Interval Between Onsat and Deeth **Physician** /Medical Immediete Cause (Finel disease or condition resulting in deeth) **Examiner** Examiner arre physician end the burial-transit Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that Initieted events resulting in death) Last Due to (or es e consequence of) Physician/Medical Dua to (or es a consequance of) 88 esn Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by the should be detached 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy performed? Completed certificate has I 1 Yes 2 No 1 Yes 2 No 25. Wes casa referred to medical exeminer? Be 26. Place of Death (Check only one) Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☑ ER/Outpetient 3 ☐ DOA 27. Manner of Deeth Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Certification: 5 Pending Neturel

Division of Vital Records, P.O. Box 68760

Baltimore, Maryland 21215-0020

The law requires that the deeth certificate be executed

or Attending after deeth. Director: Af in by

Medical

Attending Physician: this

> State Registrar

1 ☐ Yes 2 ☐ No Investigetion 2 Accident 6 Could not be determined 3 Suicida Location (Street and Number or Rural Routa Number, City or Town, Steta) 28e. Pieca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 29a. Certifian Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner as stated. (Check only one)

2 Medical Examiner: On the basis of examinetion end/or invastigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated.

29b. Signature end title m.O.

29c. License number

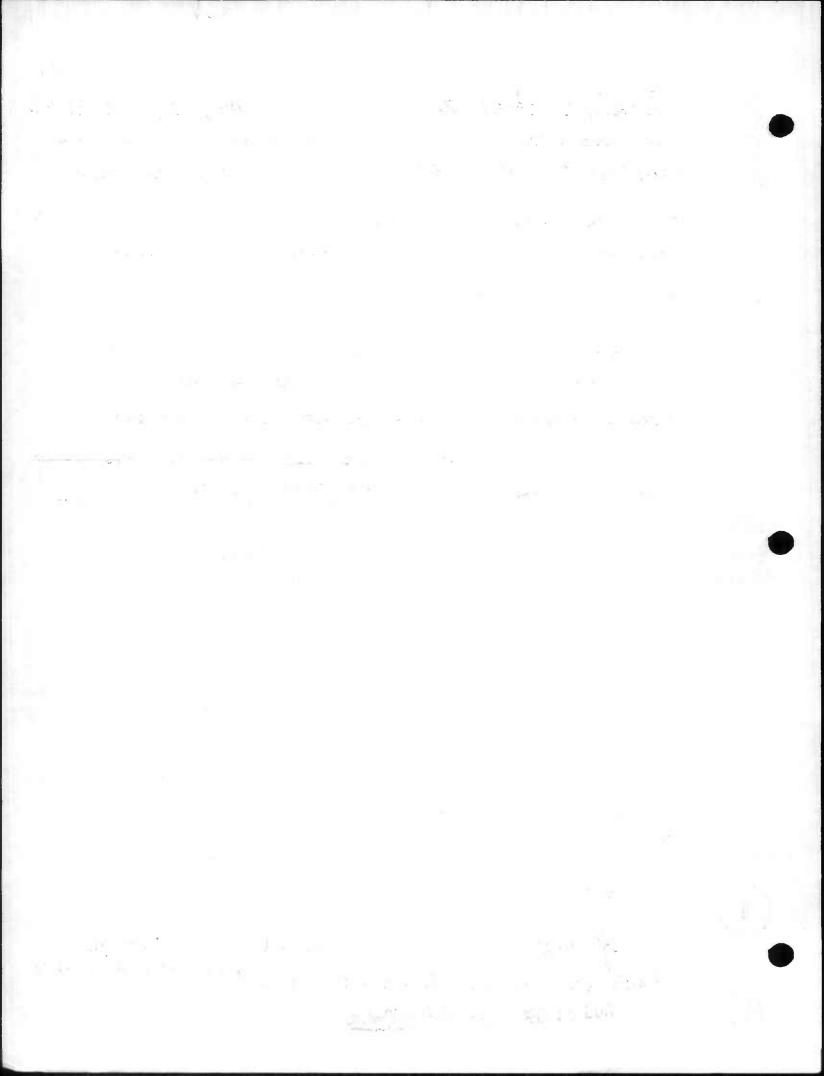
29d. Deta signed (Month, Dey, Year)

Jorge

30. Name and eddress of person who completed cause of deeth (Item

31. Dete filed (Month, Dey, Year)
AUG 0 32. Registrer's Signeture

DHMH 16 Rev 6/95



	OR ATTENDING POLYMENAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR After the she before the burial-transit permit. Pages 1, 2, 3 should	nours after beath with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	tem 28 is madegi, or ritem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
,	E HOSPITAL OR ATTENDIM	E FUNERAL DIRECTOR AN	filed within 72 hours after be	RTANT: If item 28 is i
	10 H	H C	be file	IMPO

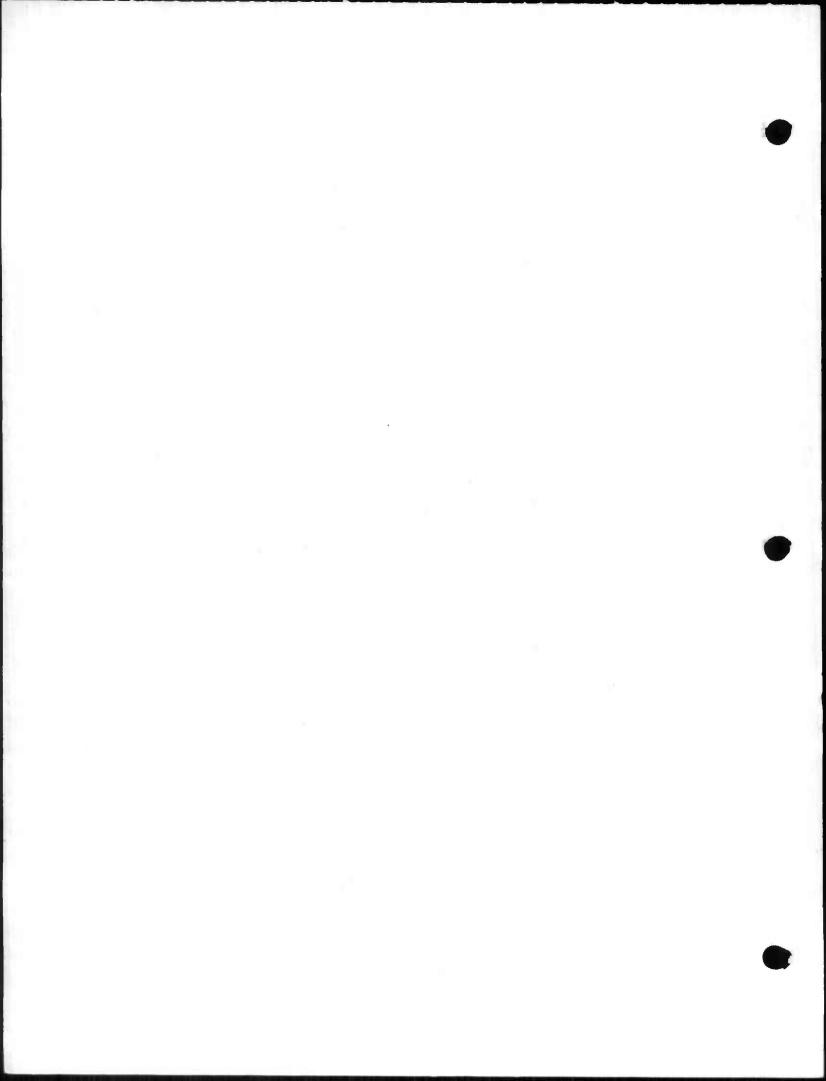
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VIXAL RECORDS, P.O. BOX 68760

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) TOHN RayTilond ERW16 2. DATE OF DEATH MONTH DAY 12 1996 10:15 PM															
		TOH	-NRaymon	16 E	FRU	N16	-				AU G		12	1996	10:15 PM	
	4. SOCIAL SECURITY NUMB 216-10-1536	ER	5. SEX 1 X M 2 F	100	(In yrs. las	t birtnday)	IF UNDER	DAYS		24 HRS.	7. DATE OF I	NETN	996	a. BIRTH	PLACE (State or Foreign	
	9e. FACILITY NAME (If not in	stitution, give st	reet and number)				9b. CITY	, TOWI	N OR LOCATI	ON OF DE		, ,		NTY OF D		
z	St. Agnes Ho	spital	0.00 0000						nore				N/	'A		
DIRECTOR	RESIDENCE OF DEC	-														
ŭ	10a. STATE	10b. COUNTY				10c. CITY									10d. INSIDE CITY	
5	Maryland	Ba⊥t	imore			C	ator	ISV	ille						1 TYES 2 NO	
الح	100. STREET AND NUMBER						10f. ZIP CODE								N OF WHAT COUNTRY?	
FUNEHAL	717 Maiden C	Choice	Lane Ap	ot. 1	.21		21228					United			States	
5	11. MARITAL STATUS		12. WAS DECEDER					or No-	r No- 14. RACE — American Indian, Black, White, etc.							
	1 Never Merried 2		FORCES? 1	MAR OR D	ATES	ES 1 YES 2 NO Specify: Sp					Spec	ffy:				
0	3 Widowed 4 Divo		W	WII						White						
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a, OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working)								'na	16b. KIP	NO OF BUS	INESS/INI	DUSTRY			
	Elementary/Secondary (0-12) College (1-4 or 5+) Iffe, Do NOT use retired.)															
	4 years Company President Building Building Building Building Building Building Building Building Building Building Building Buil										Contr	acting				
COMPLEIED	17. FATHER'S NAME (First, M				18. MOT	HER'S NA	ME (First, Midd	lle, Maiden	Surname)							
	John Raymond Gerwig									Ada	West					
2	19e. INFORMANT'S NAME (Route Number,			p Code)		
-	Mary Ann Ch	apman			/	756 F	ayet	te	St.	Cur	nberlar	nd, l	\mathbb{D} 2	21502		
	20e, METNOD OF DISPOSIT	TON 3 Barre	oval from State	201	. PLACE	AND DATE O	F DISPOS	SITION	(Name of		OATE	20c. LO	CATION —	City or To	own, State	
	4 Donetion 8 Dother			Du	Lane	y Va.	lley	Me	emoria	al Ga	ar.8/15	Ti	moni	.um	Maryland	
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	TI			22. NAME AND ADDRESS OF F			^{⊮u™} Mitchell-Wi		Wie	defe	ld Home, Ind		
	John D. Mitchell												1212			
	23. PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on sech line.															
	IMMEDIATE CAUSE (Final									Onset and Death						
	disease or condition resulting in death)	→	. Co.	nge	etu	ve	He	av	上出	216	ure				3 weeks	
	readiting in death)	,	DUE TO	(OF AS	A CONSE	OUENCE OF	7:									
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2	Sequentially list condit if any, leading to imme	dista	OUE TO	OR AS	A CONSE	OUENCE OF	7):	-		0		0			la V	
CERTIFICATION	cause. Enter UNDERLY CAUSE (Disease or Inju		c Cc	PRO	na	ry	A	2	my 1	di's	ease				10 Years	
	that initiated events		OUE TO	OR AS	A CONSE	OUENOE OF):		0							
H	resulting in death) LAS	" L	d													
	PART II. Other significa	ent condition	s contributing to	death b	but not i	reculting i	n the u	nderly	ying cause	given in	Part I. 24	a. WAS AN		248	b. WERE AUTOPSY FINDINGS	
3	CHRONIC	Reno	- 0 -	Live			ng in the underlying cause given i					RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDICAL	Charte			- T							t _ YES 2				OF DEATN?	
_		ICE COLIT	DIDLITE TO 6	LICE C) = D = 4	711 \		NIO		CEDTAL					1 TYES 2 THE	
Z	DID TOBACCO U		KIROTE TO CY	AUSE C						CERTAI	иП					
5	25. WAS CASE REFERRED T EXAMINER?	TO MEDICAL	HOSPITAL:		26. PLAC	CE OF DEAT	OTHE		ne)	-						
2	1 TES 2 NO		1 Pinpatient 2	_	patient 3		4 🗆 Nu	rsing h		teeldence	8 Other (S					
PHYSICIAN:	27, MANNER OF DEATH	W 12011	28e. DATE O (Month,	F INJURY Day, Year)		28b. TIM	URY	28c.	INJURY AT WORK?		28d. DESCR	IBE NOW	NJURY O	CCURED		
B	1 Naturel 5 2 Accident	Pending Investigation					М	1 [YES 2	□ NO						
	3 Sulcide 8	Could not be	28e. PLACE building	OF INJURY		oma, ferm, a	rtroel, lec	ctory, o	office		28f. LOCATION City or 1	ON (Street lown, State)	and Numbe	or Rurel	Route Number,	
	4 Nomicide	determined														
7	29e. CERTIFIER 1 CER	TIFYINO PHYS	ICIAN: To the best of	of my know	wledge, de	eath occurre	ed at the	time, c	date end plac	e, end du	e to the cause(e) end ma	nner as at	nted.		
COMPLETED	onel	DICAL EXAMINE	R: On the beele of	examination	on end/or	Investigatio	n, in my	opinio	n, death occi	ured at the	e time, date en	d place, er	d due to t	the ceuse(e) end menner ee stated.	
	295 SIGNATURE AND TITL								29c. LIC	CENSE NU	MBER		29d. DA	TE SIGNE	O (Month, Day, Year)	
BE	Lutomi	20 100	lo ulk wil	٠,	MD				4	67	04		•	Aua	12,1996	
2	30. NAME AND ADDRESS C	F PERSON WH	O COMPLETED CA	USE OF O	EATN (ITE	M 27) (Type,	Print)		-1-		,			-] .	
	MUTOME		ANKO				τ	A	ene!	s (tosp	TA	1	BL	CMIT	
	31. DATE FILED (Month, Day, AUG 14	1996	32. REGISTR	Laura	NATURE A	andela	b									
			9		0.004											



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

ITEMS: 23 PART I. 27, 28a-f. PER MEO FILM g-738 8/23/96 t.t State of Maryland / Department of Health and Mental Hygiene Certificate of Death

24133

10d. Insida City Limits

1 X Yas 2 □ No

Physician
/Medical
Examiner

ROBERT

10a. Stata

Maryland

Funeral

Director 28a-f show Directo

death with the Marylend the Medical Examiner must be notified at 6 238 Items :

Funeral

by

Completed

Be

Examiner

Physician/Medical

þ

Completed

Be

2

Certification:

Medicai

permit. Pages 1 and 2 should be filed within 72 hours eftar Department of Haalth and Mental Hygiene. Important: If Item 27 is marked other than "naturel", or Item any Injury or other traumatic event. Its Mental Injury or other traumatic event.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

The law requires that the death cartificate be axecuted buriel-trensi Division of Vital Records, P.O. Box 68760. physician use as the certificate or Attending Physician: this After t death. s eftar death.

I Director: A
d in by the fu 24 hours el Funeral D stely filled Ne Hospital

1. Dacedent's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Day Month Yaar GIMBEL AUGUST 10 1996 5:41P.M. 4a. Facility Nema (If not institution, giva straet and numbar) 4b. City. Town, or Location of Death 4c. County of Death 606 ST. DUNSTANS ROAD N/A BALTIMORE If Under 24 Hrs. 8. Data of Birth
Hours Min. (Month, Day, Year) 5. Social Security Number If Undar 1 Year 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) 1 M 2□ F Months Days 213-48-3308 Yrs. 44 30, 1952 Baltimore, Md. Usual Residence of Decedent

10b. County 10c. City, Town or Location N/A Baltimore 10e. Straat and Number

10f. Zip Coda

21212

10g. Citizan of What Country? United States

606 St. Dunstans Road

1 Navar Married 2 Married

3 Widowad 4 Divorced

17. Father's Nama (First, Middle, Last)

John H. Gimbel

12. Was Dacedant Ever in U,S. Armed Forcas? 1 ☐ Yas 2 ☒ No If Yas, Giva Yaar or Dates:

 Was Dacedant of Hispanic Origin? (Specify Yas or No If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 1 Yas 2 No Specify:

14. Race - American Indian, Black, Whita, atc. Specify: White

16b. Kind of Business/Industry

15. Dacedant's Education (Specify only highast grade complated) Elamantary/Secondary (0-12) Collega (1-4or 5+) 16a. Decedant's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) Carpenter

Carpentry

18. Mother's Nama (First, Middla, Maidan Sumame) Margaret E. Koch

19a. informant's Name/Ralationship (Type, Print) John H. Gimbel (Father)

20b. Place of Disposition (Nama of

1513 Cranwell Road Lutherville, Maryland 21093 20c. Location - City or Town, Stata

20a. Method of Disposition 1 ☐ Burial 2 🖔 Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Sarvice Licenses

cematery, cramatory or other place) Hilltop Service Corp.

8/13/96 Towson, Maryland

Jeffrey L. Gair Towson Funeral Home York Road Towson,

that causad tha daath. Do not antar tha mode of dying, such as cardiec or respiretory errest,

22. Nama and Address of Facility

Home, Inc. son, Maryland 21204

19b. Mailing Address (Streat and Number or Rural Route Number, City or Town, Stata, Zip Code)

Immediata Causa (Final disaasa or condition rasulting In daath)

COMBINED DRUG INTOXICATION

Due to (or as a consequence of)

Sequentially list conditions, if any, leeding to Immadiata ceuse. Entar Undarlying Cause (Diseasa or Injury that initiated events rasulting in deeth) Last

Dua to (or as a consequence of)

Dua to (or as a consequence of):

Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24a. Was an autopsy

24b. Wara eutopsy findings available prior to complation of cause of daath?

Approximete Intarvel Between Onsat and Death

12 Ves 2 No

26. Placa of Daath (Check only one)

1 AYes 2□ No

25. Was casa rafarrad to medical axaminar? ¥¥Yes 2□ No

1 Inpatiant 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Year) 5 Panding Invastigation

28b. Time of FOUNDry FOUND: 8/10/96 5:41

28a. Place of Injury - At homa, farm, straat, factory, office building, etc. (Specify)

FOUND: HOME

28c. Injury at Work?

1 Yas

Othar: 4 Nursing Home TRasidance 6 Othar (Specify) 28d. Dascribe how injury occurred

UNKNOWN

281. Location (Straat and Number of Rural Routa Number City or Town, State) 606 ST. DUNSTANS ROAD BALTIMORE CITY, MARYLAND

29a, Certifier (Check only one)

27. Mennar of Death

2 Accident

3 Suicide

4 Homicide

1 Natural

Cartifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the ceuse(s) and menner as stated.

Medical Examiner: On the basis of examinetion and/or invastigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and meaning place. Medical Exa

29b. Signature a d title of certifie

Mon

6XXCould not be determined

29c. Licensa number

29d. Date signed (Month, Day, Year)

O.C.M.E.

AUGUST 11,1996

30. Nama and address of person who completed cause of daeth (Itam 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

Registrar

31. Deta filed (Month, Day, Year) AUG 1 4 1996

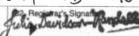


su čio flepsiji se

Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Deeth 3. Time of Death **Physician** Fleming Gladney Aug LAM /Medical 4a. Facility Neme (If not Institution, giva streat end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner University Hospital Baltimore N/A 5. Social Security Number If Under 24 Hrs. If Under 1 Year 7. Age (In yrs. last birthday) **Funeral** 8. Date of Birth (Month, Day, Year) Birthplace (Stata or Foreign Country) Days Months 1⊠M 2□ F 215-10-5001 Yrs Director 82 Sept.2,1913 S. Carolina Usual Residence of Decedent death with the Maryland 10a State 10b. County 10c. City, Town or Location r 28a-f show 10d. inside City Limits MD Baltimore Director Pikesville 1 ☐ Yes 25 No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? me 23a or 2 8124 Salt Lake Drive 21208 USA Funeral 12. Was Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14 Race - American Indian traumatic evant, the Medical Examiner Peges 1 and 2 should be filed within 72 hours efter of nent of Health and Mental Hygiene. Int: If Itam 27 is marked other than "natural," or itel Bleck, White, etc. 1 □XYes 2 □ No if Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify þ 3 □ Vidowed 4 □ Divorced **Black** Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) Pipe Mill Laborer 4th 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Sumama) Be David Gladney Charity Feaster 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 19a. informant's Name/Relationship (Type, Print) nt of Health e If Itam 27 is or other tra Sharon D. Deans 2310 Tentmill Lane, Pikesville, MD 20b. Place of Disposition (Nama of cematary, crametory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State Department of Important: If any injury or once. National Cemetery 8/16 4 ☐ Donation 5 ☐ Other (Specify) Laurel, Maryland 21. Signature of Funeral Service Licensi LEROY O. DYETT & SON FUNERAL HOME, P.A 4600 LIBERTYHEIGHTS AVENUE, BALTO. 21207 complications that ceused the control only one cause on each in death. Do not enter the mode of dying, such es cerdiac or respiratory arrest, heart failure. **Physician** /Medical immediate Cause (Final Hydrocephalus disease or condition resulting in death) month Examiner Month ubdural The law requires that the death certificate be executed burial-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underfying Cause (Disease or Injury that initiated events resulting in death) Last and Due to (or as a consequence of) P.O. Box 68760, nding physician Physician/Medicai the Due to (or es e consequence of): Part ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 23b. Did tobacco use contribute to the cause of death? ete hes been signed by page 2 should be detac 1 Yes 2 SNo 3 Probably 4 ☐ Unknown ion of Vital Records, by Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy After this certificate 2000 1 Yes 1 ☐ Yes 2 ☐ No ling Physician: Be 25. Was case referred to medical 26. Piace of Death (Check only one) 1□ Yes 21 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Impatient 2 ER/Outpatient 3 DOA 27. Manner of Death 1 Amatural Certification: 28a. Date of injury (Month, Day Year) 28b. Time of 28c. injury at Work? 28d. Describe how injury occurred 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 D Homicide 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end piace, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical (Check only 29d. Date signed (Month, Day, Year) 29b. Signature end title of cert Neurosurgery

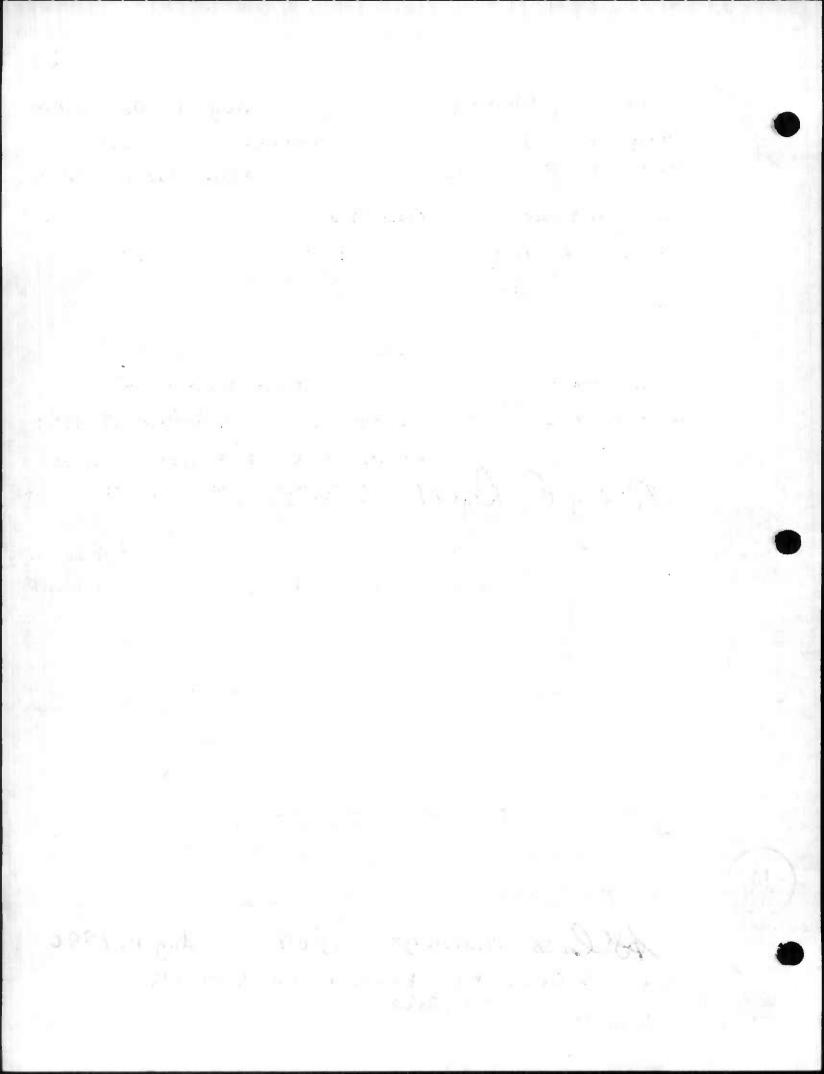
State Registrar 31. Dete filed (Month, Day, Year)

30. Name and



address of person who completed cause of death (Item 23a) (Type, Print)

vew S. Chiow, M.D. Neur Neurosurgeri



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

If Undar 1 Yaar

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Deta of Death 3. Time of Deeth Month GRIFFIN August FAM

4b. City. Town, or Location of Death

BALTIMORE

4c. County of Deeth

BALTIMORE

29d. Dete signed (Month, Day, Year)

Physician /Medical Examiner

DANIEL

5. Social Security Number

W

4a. Fecliity Nema (If not Institution, giva street and number)

BALTIMORE REHABILIATION EXTENDED CARE CENTER

7. Aga (In yrs. last birthday)

Funeral Director

with the Maryland ahow 7 is marked other than "natural", or items 23s or 28s-f ahov traumatic event, the Medical Exactiner must be notified at death

permit. Pages 1 and 2 should be filed within 72 hours efter d Department of Health and Mental Hygiene. Important: if itam 27 is marked other than "natural", or item any Injury or other traumatic event, the Medical Experiment once.

Saltimore, Maryland 21215-0020 Physician /Medical Examiner Examiner ician and burial-transit be axecuted physician s the burial P.O. Bóx 68760, Physician/Medical signed by t Records, Completed Division of Vital 2 Certification: Affer death. To the Hospital or Attendil within 24 hours after death.
To the Funeral Director: A completely filled in by the fu Wedical

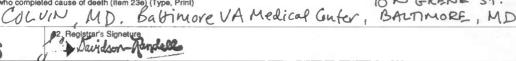
If Undar 24 Hrs. 8. Deta of Birth (Month, Day, Year) 8. Deta of Birth (Month, Day, Year)
OCTOSER \$ 1933 NORTH CAROLINA 12 M 2□F 216 28 237 67_ Yrs. Usuei Residence of Decedent 10e State 10b County 10c. City, Town or Location 10d. inside City Limits BALTIMORE BALTIMORF 1 XYas 2 □ No Director MD 10f. Zip Code 10e. Street and Number 10g. Citizen of What Country? 21217 CARROLLTON AVE USA 1113 N. Funeral 12. Wes Decedent Evar in U,S. Armed Forces? 1 Dryes 2 D No If Yes, Giva Yeer or Detes: VAL. 13. Was Decedent of Hispanic Orlgin? (Specify Yes or No-if Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian. 11. Maritai Status Black, Whita, etc. 1 Never Married 2 Merried 1 ☐ Yes 2 No Specify: Specify: BLACK þ 3 ☐ Widowed 4 ☐ Divorced 18a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highast grada completed) Elementary/Secondery (0-12) Coilege (1-4or 5+) STEAMSHIP TRADE LONGSHOREMAN GRADE 17. Father's Nama (First, Middle, Last) 18 Mother's Name (First Middle Maiden Sumama) HORACE GRIFFIN FLORA HART 19e. informent's Name/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) JESSIE MAE GRIFFIN STREET, BALTO., MARYLAND #30 818 WOODWARD 20b. Pleca of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata X☐xBurial 2 ☐ Cramation 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Othar (Specify) GARRISON FOREST VA CEM.8-13 OWINGS MILLS, MD 21. Signature of Funerei Service Licansee 22. Neme and Address of Fecility WM. C. MARCHFH.-1101 E. NORTH AVENUE 23a. Part1. Enter the disasse, or complication, that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heart failure. List only one cause on aech lina. Approximate tnterval Between Onset and Death immediete Cause (Finei CEREBRAL VASCULAR ACCIDENT 12 HOUR diseese or condition resulting in death) Due to (or es a consequenca of) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or injury that initiated events resulting in deeth) Lest Due to (or es a consequence of): Due to (or es a consequenca of): Pert it. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contribute to the cause of death? 1 Yea 2 No 3 Probably 4 Unknown STROKES. DIABETES 24b. Were autopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed? CHRONIC OBSTRUCTIVE LUNG DISEASE HYPERTENSION 2 X No 1 ☐ Yes 1 ☐ Yas 2 ☐ No 25. Wes casa referred to medical examinar? 26. Place of Deeth (Check only ona) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28c. injury at Work? 27. Menner of Deeth 28e. Deta of injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 Neturei 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 28e. Piece of injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 I Homicide LE Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and plece, and due to the ceuse(s) end manner as steted.

2 Medical Examiner: On the basis of examination end/or investigetion, in my opinion, deeth occurred at the time, dete end piece, and due to the cause(s) and manner steted. 29e. Certifler (Check only one)

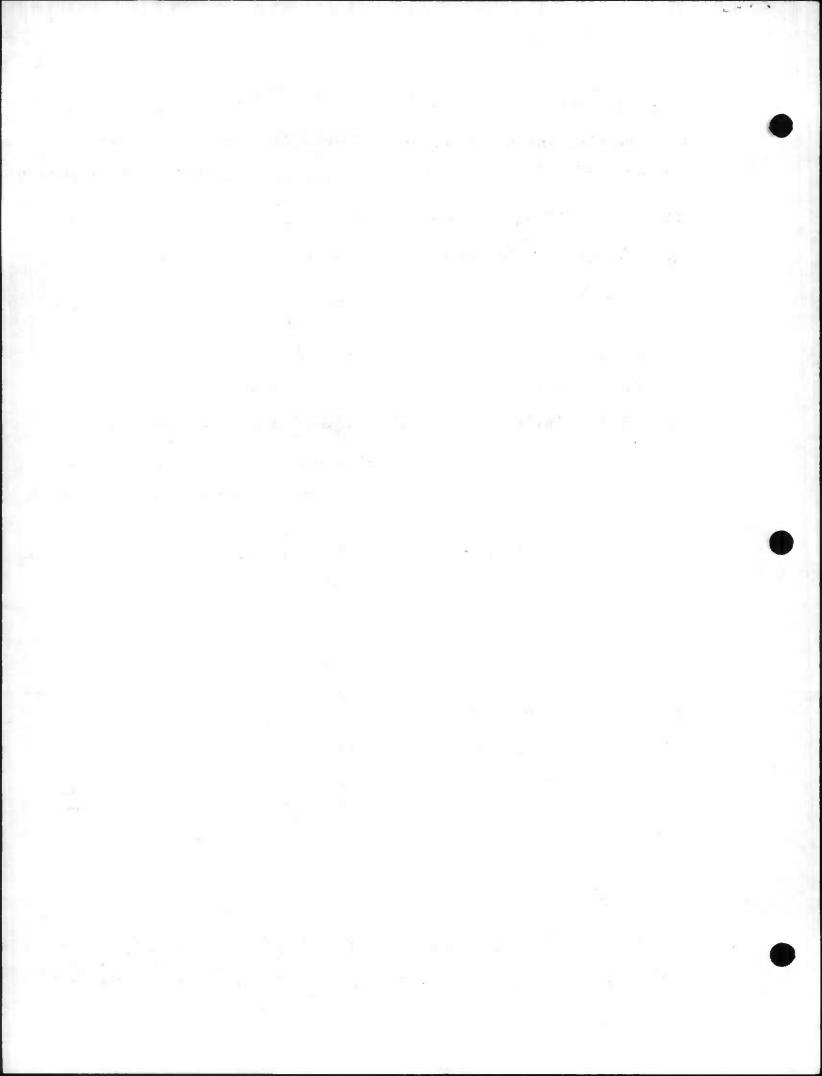
29c. License number

State Registrar 31. Data filed (Month, Day, Year) AUG14

29b. Signature and little of certifier



30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

HERCHE

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

96	24	13	6
----	----	----	---

Year

1996

3. Time of Death

2:50 PM

2. Dete of Deeth Month

AUGUST

Physician /Medical Examin

Funeral

1. Decedent's Neme (First, Middle, Last)

CATHERINE

Director permit. Peges 1 end 2 should be filed within 72 hours efter death with the Maryland Department of Health end Mental Hyglene. Important: If item 27 la marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, for Medical Examiner must be notified at once.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the inversid investor, page 2 should be detected for use as the burial-transit completely filled in by the inversid investor, page 2 should be detected for use as the burial-transit been signed by the attending physician and should be deteched for use as the burial-transit Division of Vital Records, P.O. Box 68760,

> State Registrar

31. Deta filed (Month, Day, Year)
AUG 14 1996

AUG14

er	4a. Facility Nama (If not institution, give	street and number)			4b. City, Town,	of Deeth				
	NORTHWEST HO	OSPITAL C	ENTE	R	RANDA	LLSTOW	N BA	TIMIOR	E	
	5. Social Security Number 6. Se			If Under 1 Yes		Irs. 8. Dete of B		9. Birthplace (Stete		
	214-22-4410	□M 2\\ F 80	O Yrs.	Months Dey	s Hours N	Sept. 2	irth ley, Year) 25,1915	Maryland	ì	
	Usuel Residence of Decedent									
	10a. State 10b. County	10c. City	, Town or Loca	tion				10d. tnside	City Limits	
to	Maryland Carrol	1	Wood	dbine				1 □ Ye	s 225No	
9	10e. Street and Number			10f. Zip Code			10g. Citizen of What Country?			
0	6281 Davis Road				21749			States		
era	11. Maritel Status	12. Was Decedent Ever in U.	C 12 We	e Decedent of		(Specify Yas or N		e - American Indien,		
5	1 Never Married 2 Married	Armed Forces? 1 ☐ Yas 2X No		es, specity Cu	ban, Mexican, Pu	erto Rican, etc.)		Bleck, White, etc.		
×	3 ☐ Widowed 4 ☐ Divorced	If Yas, Give Yeer or Detes:	1□	Yas 20 N	o Specify:		Specify: White			
8		10h Mada(D								
ete	15. Decedent's Edu (Specify only highest grad	working	IOD. KING OF B	usiness/Industry						
E	Elementery/Secondery (0-12)	Candaa	63 - 1 1 TI	14-1						
Maryland Carroll Woodbine 10e. Street and Number 10f. Zip Code 10g. Citizen of Carroll 10g. Citizen of Carroll 10f. Zip Code 10g. Citizen of Carroll 10f. Zip Code 10g. Citizen of Carroll 10f. Zip Code 10g. Citizen of Carroll 10f. Zip Code 10g. Citizen of Carroll 10g. Carroll 10g. Citizen of Carroll 10g. Carroll 10g. Citizen of Carroll 10g. Carroll									oitai	
Be			ne)							
Otto Baumann Lillian Smith										
19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
	Mr. Arthur Robert				Road Wo	odbine, N	ID 2174	9		
	20e. Method of Disposition 1 △ Burial 2 □ Cremation 3 □ F		leca of Dispositi emetery, cremai	ion (Name of tory or other p	lace)	Date	20c. Location	City or Town, State		
	4 Donetion 5 Other (Specify)) Lal	ke View	Memori	al Park	8/12/96	Sykesy	ville, MD		
	21. Signeture Funerel Service Licans	500 m			ress of Fecliity					
	1 Janena B	(MARKIL -				neral Di				
	23a Part Enter the disease or como	lications that divising the death				rty Road			1784	
71	23a. Part. Enter the disease, or complications this caused the daeth. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximate the respiratory errest, and beath on the respiratory errest. Approximate the respiratory errest, and beath on the respiratory errest.									
Immediate Cause (Finel										
	100	SLA								
-	resulting in death)	Due to (or	r as e conseque	nce of):				1	/	
Ē		b						1		
Examine	Sequentielly list conditions, if eny, leading to immediate cause. Enter Undarlying	Due to (or	es e conseque	nca of):						
	Cause (Diseese or Injury	C								
edicai	thet initieted events resulting in death) Last	Dua to (or	as a consequer	nce of):						
		d						İ		
Physician/M										
Vslo	Part II. Other significant conditions con	ntributing to death but not resu	ilting in the unde	arlying causa (given in Pert I.	23b. Did	tobacco use co	ntributs to the caus	e of death?	
든	CORONARY	ARTERN	DIS	FALL	•	10	Y98 2□ No	3 Probably 4	Unknown	
ò										
Be Completed by	DIABETES						s en eutopsy lormed?	24b. Were autops available prio	rto	
٩	3 - 1 - 2					-		completion of death?	Cause	
5						1 🗆	Yes 2 No	1 ☐ Yes 2	□ No	
Be	25. Wes case referred to medical examiner?				28. Place of I	Deeth (Check only	one)			
0	1 ☐ Yes 21 No	Hospitel: 1 🗷 Inpatient 2 🗆 I	ER/Outpatient	3 DOA	ther: 4 Nursing	g Home 5 ☐ Res	idence 8 🗆 Ott	er (Specify)		
	27. Menner of Deeth 1 ⊠ Neturel 5 □ Pending	28a. Dete of tnjury (Month, Dey Year)	28b. Time of Injury	28c. Inj	ury et	28d. Describe	how injury occur	red		
at	2 ☐ Accident Invastigation	,, - ,,,	,,		☐Yes 2☐No					
27. Menner of Deeth 1 SNeturel 2 Accident 3 Suicide 4 Homicide 2 Re. Dete of tnjury 2 Re. Dete of tnjury 4 Restricted by the state of tnjury 4 Restricted by the state of tnjury 5 Pending 1 Noturel 1 Noturel 1 Noturel 1 Noturel 1 Noturel 1 Noturel 1 Noturel 1 Noturel 1 Noturel 1 Noturel 1 Noturel 1 Noturel 1 Noturel 1 Noturel 1 Noture 1 Noture 1 Noture 1 Noture 2 Noture 2 Noture 2 Noture 2 Noture 2 Noture 2 Noture 2 Noture 2 Noture 2 Noture 3 Noture 3 Noture 4 Noture 4 Noture 4 Noture 4 Noture 5 Noture 6 Noture										
8	29e. Certifier 1 Certifying Phys	sician: To the best of my know	vledge, deeth od	courred et the	time, dete end pie	eca, and due to the	cause(s) end me	enner as steted.		
edical	(Check only 2 Medical Examt one)	tner: On the basis of exeminet end menner steted.	ion end/or inves	tigetion, in my	opinion, deeth or	courred et the time	, dete end plece,	and dua to the cause	a(s)	
Ž	29b. Signeture end title of certifier				nse number			d (Month, Day, Year)		
) (\ <	S.RAO	. MI.D	D	4341	5 2	AU GU	PI P T2	96	
	1 43									
	30. Name and eddress of person who completed causa of death (Item 23a) (Type, Print) K. S. RAO.MI.O. NORTHWEST HOSPITAL CENTER RANDALLSTOWN									

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 24/37 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Month Hryndio 4b. City, Town, or Location of Death 7.15 AM /Medical 4a. Fecility Nama (If not Institution, give street and number) **Examiner** 7. Age (In yrs. lest birthday) | If Under 1 Year | If Under 24 Hrs. | 8. Data of Birth (Month, Day, Year) | Oct. 19,1916 CHURCH HOME HOSPITAL 5. Sociel Security Number **Funeral** 1 M 2 XXE 219-30-4744 Director Ukraine Usual Residence of Decedent the Meryland 10a Stata 10b County 10c. City. Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumstic evant, the Medical Examiner must be nothled at YYes 2 No Director N/A Md. BALTIMORE 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Counfry? 528 S. Kenwood Avenue U.S.A. 21224 Funeral Was Decedent of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - Amarican Indian, Black, White, etc. pemit. Peges 1 and 2 should be filed within 72 hours effer of Department of Heelth and Mental Hygiene. Important: if itsm 27 is marked other than "natural", or itse any injury or other traumatic event, the Medical Examinations. 1 Nevar Merried 2 Married Baltimore, Maryland 21215-0020 1 Yes XXNo Specify: Specify White þ ¾☐(Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highast grade completed) 16e. Decedent's Usuel Occupation (Giva kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) Elamantery/Secondery (0-12) Seamstress 17. Fathar's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Unknown Unknown 19e. Informent's Name/Ralationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) Michael Remskyj/Friend 337 S. Chester Street, Baltimore, Md. 21231 20e. Mathod of Disposition 20b. Plece of Disposition (Name of cemetary, cremetory or other place) 20c. Location - City or Town, State 1 ☐ Burlel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donation 5 ☐ Other (Specify) St. Michael's Ukrainian Cem. 8/14 Baltimore, Maryland 21. Signeture of Funeral Sergite Licensee 22. Neme end Addrass of Facility Lilly & Zeiler Inc. 1901 Eastern Avenue 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or heart feilure. List only one cause on each lina. **Physician** Large Cerebrovascular Accident /Medical Immediete Causa (Final 7 Lays diseesa or condition resulting in deeth) Examiner physician and the burief-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Couse (Diseese or injury that initiated evants rasulting in deeth) Lest Due to (or es e consequance of): Records, P.O. Box 68760, Physician/Medicai Due to (or es a consequenca of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown vpertension Mellitus 24b. Wara autopsy findings available prior fo complation of cause of death? 24e. Wes en eutopsy performed? Completed 1 Yes 2 No 1 ☐ Yas 2 € No Division of Vital Hospital or Attending Physician: 24 hours efter deeth. 25. Wes casa referred to medical exeminer?

1 Yes 2 No Be 26. Plece of Death (Check only ona) Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 1 Inpatiant 2 ER/Outpetlent 3 DOA Medical Certification: To this 27. Manner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Dascribe how injury occurred After 5 Pending investigation 1 De Neturel s ofter deeth. 1 ☐ Yes 2 ☐ No 2 Accidant 6 Could not be datarmined 3 ☐ Sulcida 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) in by t 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicide To the Hospital of within 24 hours of Jerin Funeral D 1 Certifying Physician: To the best of my knowledga, death occurred et the fime, dete end piece, end due to the ceuse(s) end mannar as stated.

2 Medical Examiner: On tha basis of examinetion end/or invastigation, in my opinion, deeth occurred et the time, dete and pieca, and due to the cause(s) end mennar stated. 29a, Certifier 29d. Date signed (Month, Day, Year) 29b. Signetura and fitla of certifier 29c. Licansa number D4 1365 C. Wills It M.D. August 12, 1996 30. Name and addrass of person who completed causa of deeth (Item 23a) (Type, Print)

George E. Wicks W. M.D. 100 North Broad way

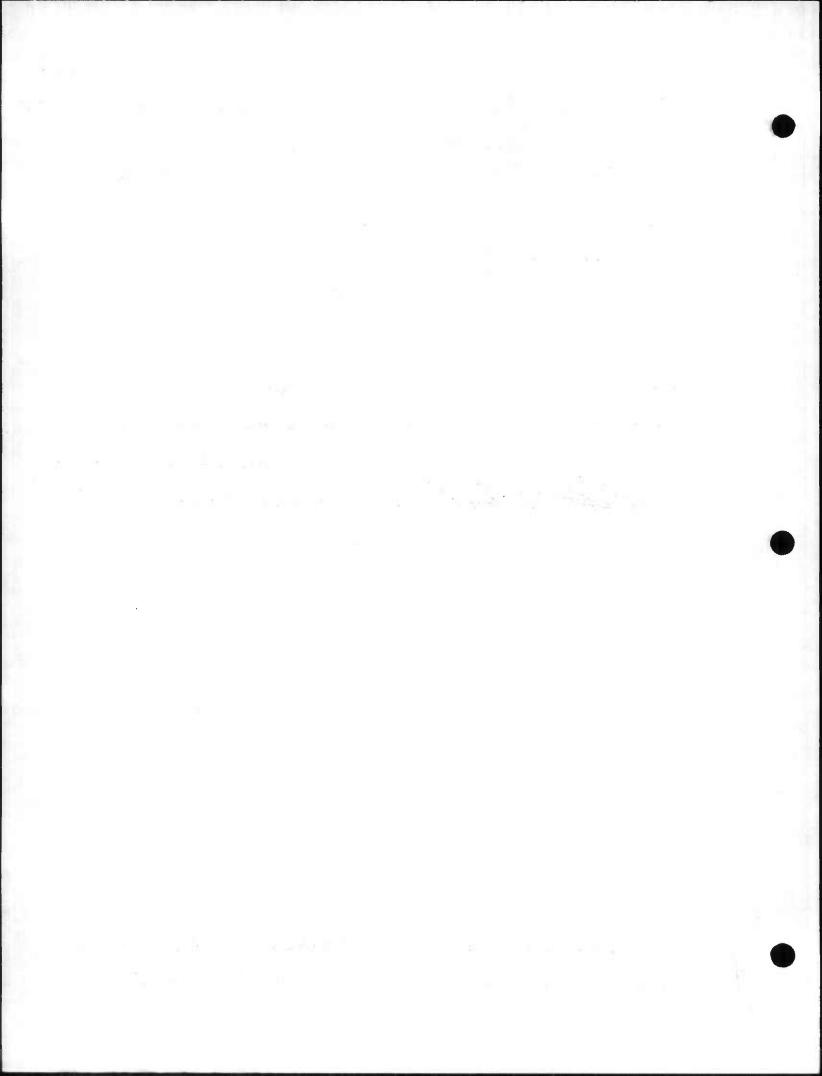
State Registrar

31. Dete filed (Month, Day, Year)

AUG 1 4 1996

32. Registrar's Signeture

Dandson-Randelle

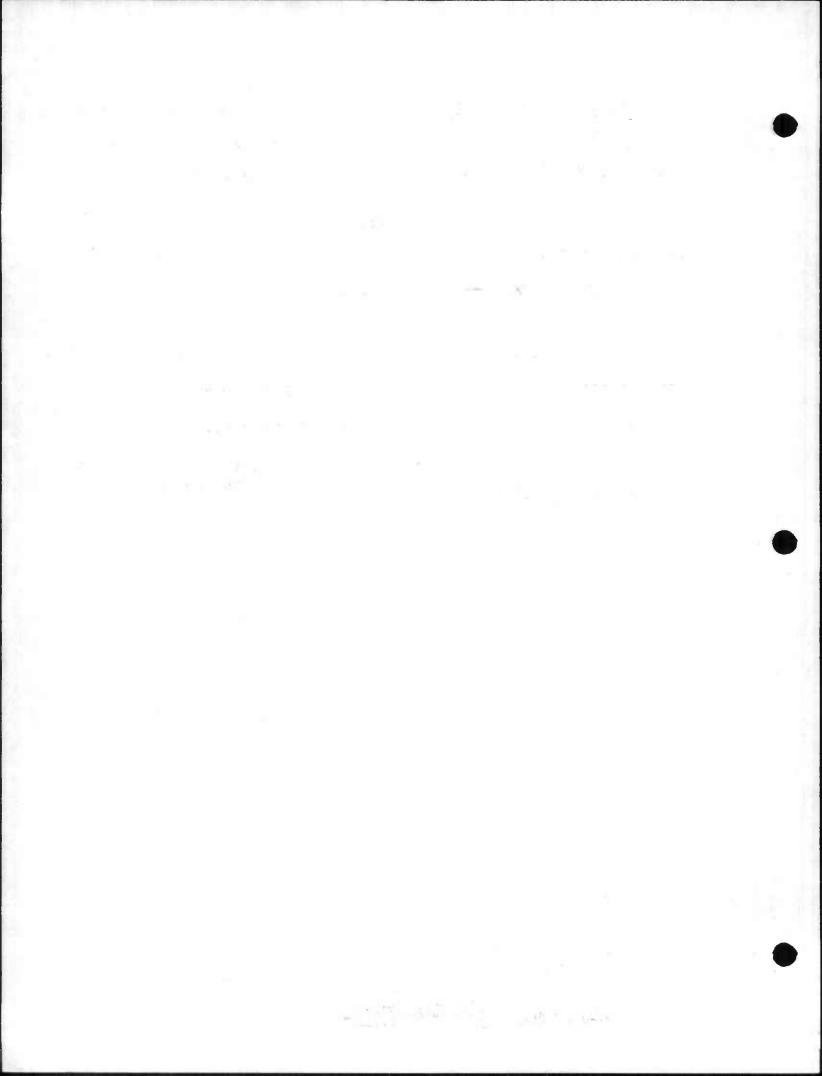


Amended item #19a, g-738, 8/26/96emh per fh
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 24 38

]	TEM#1&31 g738 8/14	/96ag perFH	Ce	rtificate of	Death		Reg. No.		
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	/Medic		JOHN	HOWEL				8	12	9 (4:30) A
	Examir	_	4e. Facility Name (If not institution, give	street end number)	1	4	4b. City, Town, or L	ocation of Deeth	4c. County		
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	Funeral		5. Social Security Number 6. Se 2 41 - 32 - 2394	TM OF	rs. last birthday) Yrs.	If Under 1 Yeer Months Deys	If Under 24 Hrs.' Hours Min.	8. Dele of Birt (Month, De)	r, Year)	9. Birthpiece (S Country)	tete or Foreign
	Director		Usuel Residence of Decedent	69	113.			JAN 18	, 1927	7 NC	
	show a at		10a. Stete 10b. County	10c.	City, Town or Lo	ocation			10d. inside City Limits		
	ith with the Maryle 23a or 28a-f should be numbed at	to	MD N/A		1	BALTO				100	Yes 2□No
	or 28a-f	Director	10e. Street and Number			10f. Zip Code			10g. Citizen of V	What Country?	
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	items instruction	Funerai	11. Maritel Stetus	12. Wes Decedent Ever in Armed Forces?	U,S. 13.	Was Decedent of H	lispanic Origin? (Sp	pecify Yes or No-	14. Rec	e - American India	in,
020	6 6	by Fu	1 ☐ Never Merried ②☐Married 3 ☐ Widowed 4 ☐ Divorced	1 Yes 2 XXX 19	145	1 ☐ Yes 2 🏋 No		ricall, etc.,		ck, White, etc. v: BLACK	
Maryland 21215-0020	72 hours "netural",		15. Decedent's Edu	ucation	16e, Dece	dent's Usuel Occup	etion		16b. Kind of B	usiness/industry	
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pu	office file	3e C	12th 17. Fether's Neme (First, Middle, Last)	-			18. Mother's Nem	e (First, Middle,	Meiden Suman	ne)	
/lai	should be filed with and Mental Hygiene. s marked other ther sumatic event, the M	To	JOHN HOWELL				MARY	ANDREW	S		
ar	O1 02 00 00		19e. Informent's Neme/Reletionship (T)	vpe, Print)	19b. Melli	ng Address (Street	end Number or Ru	ral Route Numbe	r, City or Town,	Stete, Zip Code)	
	Health Health Hem 27		Earlene D. MARY HOWELL		2619	E. MADI	SON ST	BALTO,	MD 21		
9	I to H		20e. Method of Disposition 1	Removel from Stete	cemetery, crea	sition (Neme of metory or other plea	- ΔΙ	JG 16	20c. Location -	City or Town, Ste	te
Ë	artmen ortant: Injury		4 Donetion 5 Other (Specify)	G	ARRISO	V FOREST		996	OWINGS	MILLS	. MD
Baltimore,	Department of moortant: If any Injury or any Injury or anger.		21. Signature of Funeral Service Licens	22	2. Neme end Addre	ss of Fecility BE	TTS F	UNERAL		,	
_	70 m e o		Jalrenea		29 N. C	AROLINE	ST BA	LTO, M	ID 2121:		
			Part1. Enter the disease, or compi	ications thet caused the de ne ceuse on each line.	eth. Do not ent	er the mode of dyin	g, such es cardlec	or respiretory er	rest,	Approx	dmete I Between end Deeth
	Physician / /Medical		Immediate Cause (Finel	0	1	J .	4 0			Unset	end Deeth
3	Examiner		disease or condition resulting in deeth)	ON OF S	Hull)	Heary.	Farle	ue			
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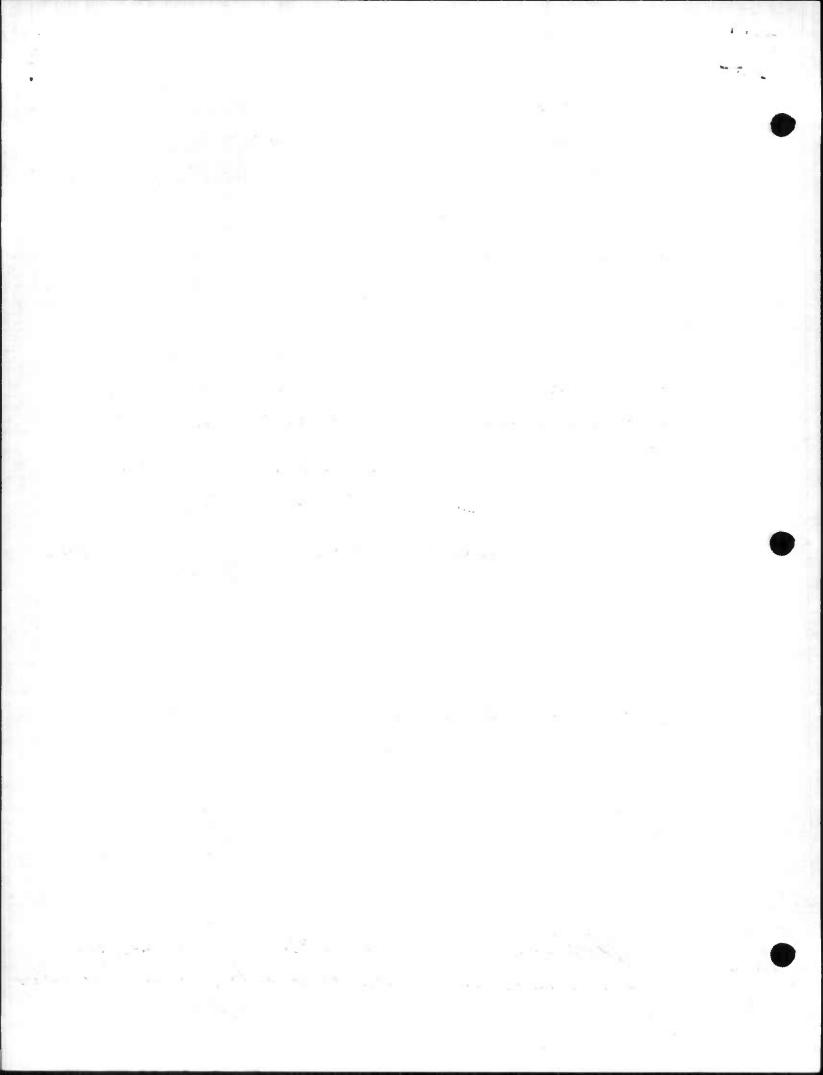
Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death July 1996 **Physician** MARY MARGARET HORAN 26 11:10 AM /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 6336 Cedar LANE Columbia Howard If Under 1 Yeer | if Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) 9. Birthplaca (Stete or Foreign Country)
PA • 5. Sociel Security Number 7. Age (In yrs. lest birthdey) **Funeral** 1□M 2□F 166-28-7918 83 Vrs Director Aug. 18, 1912 Usuel Residence of Decedent with the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits ral', or items 23a or 28a-f show Examiner must be notified at 1 Yes 2 No MD. Columbia Director Howard 10e. Street and Number 10f. Zin Code 10g. Citizen of What Country? 21044 6336 Cedar Lane #392 USA permit. Pages 1 and 2 should be filed within 72 hours after death w Department of Health and Mental Hygiene. Important: if them 27 is marked other than "natural", or them any lojury or other traumatic event in an angle of them 27 is marked other than "natural", or them 27 is marked than "natural", or them 27 is marked than "natural", or them 27 is marked. Funeral 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Spacify Yes or No-tf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Meritel Stetus 14. Rece - American Indien, Black, White, etc. 1 Never Merried 2 Merried 1 ☐ Yes 2 ☐ No If Yes, Give 1 Yes 2 No Specify: white þ 3.☐Widowed 4 ☐ Divorced Yeer or Detes: Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elamentery/Secondary (0-12) Collaga (1-4or 5+) registered nurse hospital 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Father's Neme (First, Middle, Last) Be Peter Mihal Anna Zavodny 19b. Melling Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code): 1 0 4 4 19e. Informent's Neme/Reletionship (Type, Print) 10755 Evening Wind Ct., Columbia, Md. Catherine Sheridan (daugh) 20b. Pieca of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ⊠ Burial 2 □ Cremetion 3 □ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) 7/30/96 Phil., Pa. Holy Sepulchre Cem. 21. Signeture of Funerel Service Licansee 22. Neme end Address of Fecility WITZKE FUNERAL HOMES, INC. 23a. Pert1. Enter the disease, a cost dicetions that caused the daath. Do not enter the mode of dying, such as cardiac or respiratory errest.

Approximata shock, or heart feilure. List only one cause on each line. Physician /Medical Immediate Cause (Final disease or condition resulting in death) Moster GOLON CARCINOMINA Examiner Due to (or as a consequence of): Examine and fransit the death certificate be executed Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in death) Last Due to (or es a consequença of): physician a s the burtal-Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): 10 ŝ Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 9 0 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yee 2 No 3 Probably 4 Unknown Prilara þ 24b. Ware autopsy findings aveilable prior to completion of cause of death? Completed 24a. Was an autopsy performed? certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No or Attending Physician: 25. Was case referred to medical axaminer? å 28. Place of Deeth (Check only ona) Other: 4 Nursing Home 5 PAesidence 8 Other (Specify) Certification: To 1 Yes 2€ No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA ž 27. Manner of Deeth 28a. Data of Injury (Month, Dey Year) 28b. Tima of 28d. Describe how injury occurred 28c. Injury at Work? 1 Naturel 5 Panding 1 ☐ Yes 2 ☐ No investigetion 2 Accident after death Director: 6 Could not be datemined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office bullding, etc. (Specify) 4 D Homicide 29a. Certifier tertifying Phystolan: To the best of my knowledge, deeth occurred et the time, dete end pieca, end due to the cause(s) and manner as stated. Medical (Check only one) 2 Medicat Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and piece, and dua to the cause(s) end menner steted. 3 P F 29d. Dete signed (Month, Day, Year) 29b. Signature and little of 0 30. Name and address of person who completed cause of death (itam 23a) (Type, Print) 11035 31. Dete filed (Month, Dey, Year) 39 Registrer's Smature 100 State

DHMH 16 Rev 6/95

Registrar



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State of Maryland / Department of Health and Mental Hygiene

24/40

Physician /Medical Examiner

Funeral Director 28a-f show 6

the Maryland event, the Medical Examiner must be notified at 23a terne Pages 1 and 2 should be filed within 72 hours after of the of Heelth and Mental Hygiena. Int: If Item 27 is marked other than "natural", or Item Department of Heelth ar Important: If Item 27 is any injury or other trait

Baltimore, Maryland 21215-0020

Box 68760.

P.O.

Records,

Division of Vital

Physician /Medical Examiner

ician and buriel-transit The law requires that the death certificate be axecuted physician s the buriel USA been signed by the a should be datached f page 2 hes certificate or Attending Physician; funeral director, Certification: To After this To the Hospital or Attendit within 24 hours aftar death. To the Funeral Director: A the 5

State Registrar

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death 1996 AUĞÜST ELIZABETH HAMLET 2:14 PM MARY 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth 1608 LATROBE STREET BALTIMORE n/a If Under 1 Yeer 5. Social Security Number If Under 24 Hrs. 8. Date of Birth
AMORIN, Day 6 Year 1930
BALT I MORE, MD 7. Age (In yrs. last birthday) Months 1 M 2 X FX 66 Hours Min unh. Usual Basidence of Decadent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits MD n/a BALTIMORE Director 1 NY S 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1608 LATROBE STREET 21202 UNITED STATES Funeral 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Reca - American Indien 1 Xiever Married 2 ☐ Married 1 ☐ Yes 2XXVo If Yes, Give Year or Detes: 1 ☐ Yes 2 No Specify: BLACK þ 3 ☐ Widowed 4 ☐ Divorcad Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondery (0-12) 12 th College (1-4or 5+) DOMESTIC SERVER FT. HOWARD 17. Fether's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Maiden Surneme) Be RICHARD PITTS HENRIETTA HOLMES 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) STANLEY MICKEY 810 STANFORD ROAD., BALTIMORE, MD #29 20b. Pleca of Disposition (Neme of cemetery, crematory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 XBMrial 2 Cremetion 3 Removel from State MT. CEMETERY 8-14 GLEN BURNIE, MD CALVARY 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses 22. Name end Address of Fecility WM. C. MARCH FH.-1101 E. NORTH AVENUE 23a. Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. Lister young cause on each line. Approximete Interval Between Onset and Deeth Immediate Cause (Final disease or condition resulting in death) Arteriosclerotic Cardiovascular Disease Due to (or es e consequenca of): Physician/Medical Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequenca of): Due to (or es e consequenca of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably Munknown CHRONIC RENAL FAILURE þ Completed 24a. Wes en eutopsy performed? 24b. Were eutopsy findings evelleble prior to completion of cause of deeth? inspection 1☐ Yes 2☐ No 1 ☐ Yes 2 ☐ No Be 25. Wes case referred to medical exeminer? 26. Place of Deeth (Check only one) Hospital: 1 | Inpatient 2 | ER/Outpetient 3 | DOA Other: 4 Nursing Home 5 \(\overline{Q} \) Residence 6 \(\text{Other} \) (Specify) 11 Yes 2 □ No 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Neturel 2 Accident 1 Yes 2 No 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, street, fectory, office bullding, etc. (Specify) 4 Homicide

29b. Signeture and title of certifier & Wright MD

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) end manner stated. 29c. License number

o.c.m.e.

29d. Dete signed (Month, Dey, Year) AUGUST 09,1996

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) DONALD G. WRIGHT

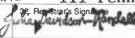
111 Penn Street, Baltimore, Maryland 21201

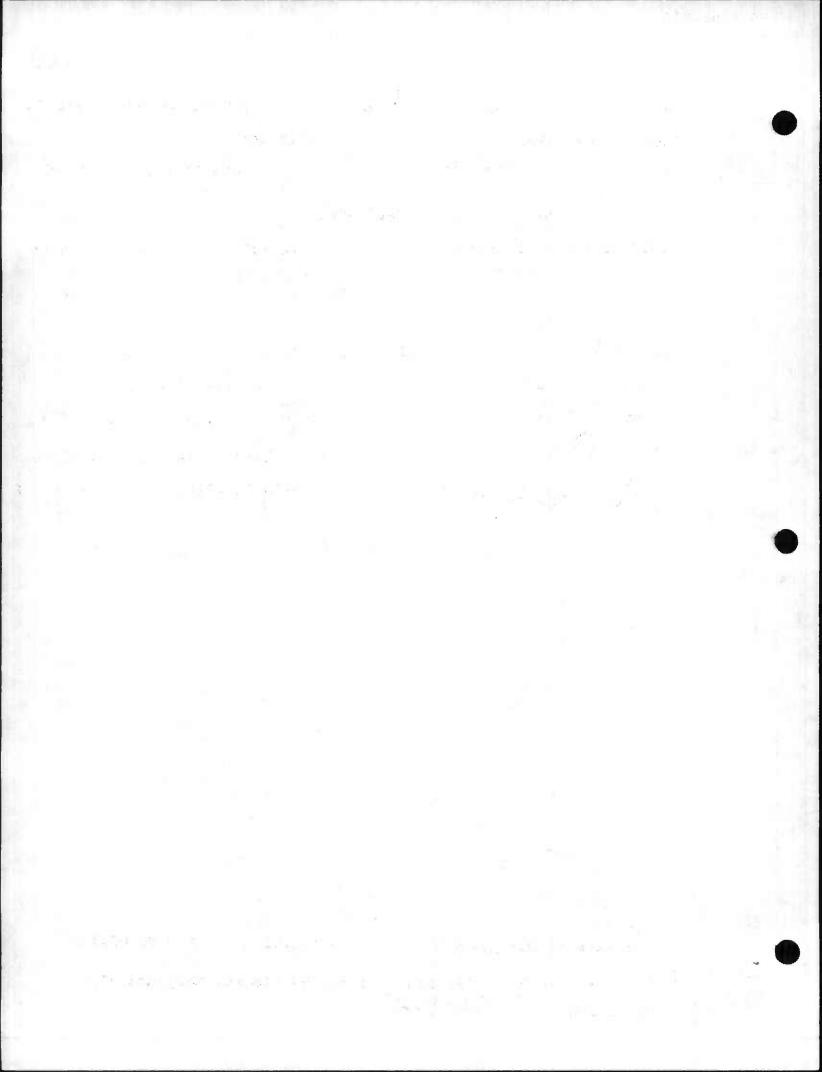
1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner as stated.

31. Dete filed (Month, Dey, Year) AUG 14 1996

29e. Certifier

Medical





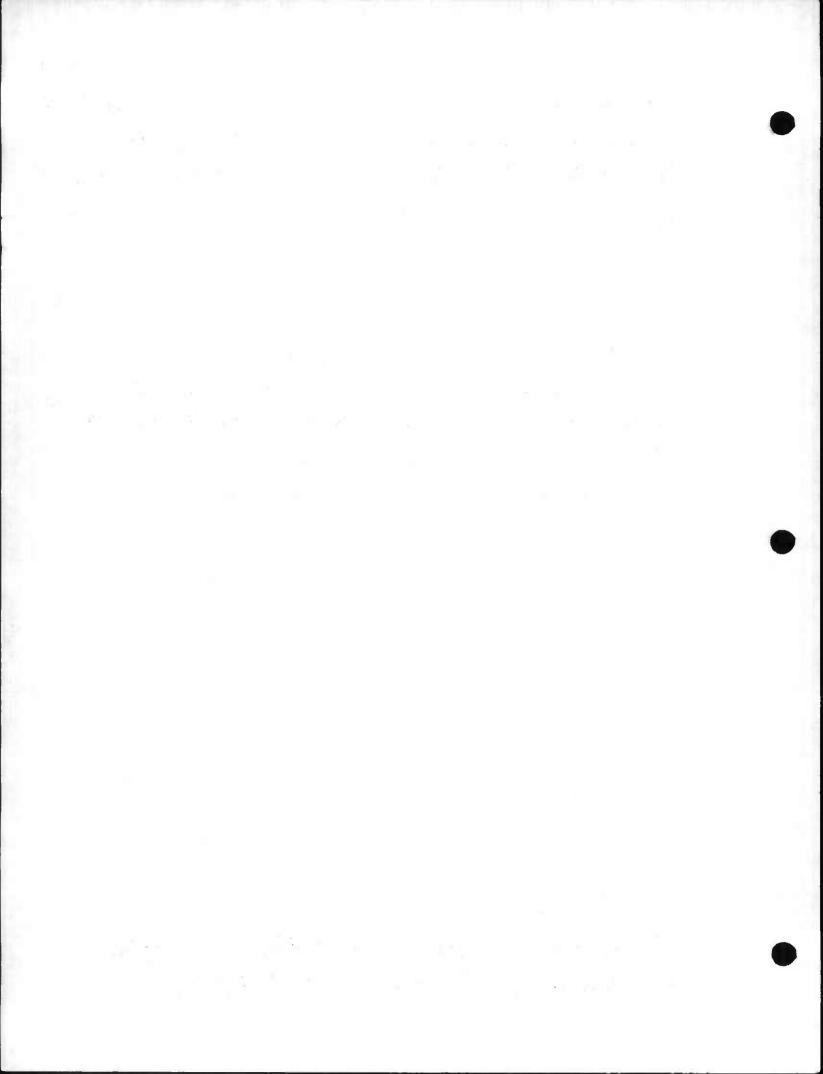
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 5 Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Date of Death 3. Time - Debuth Month **Physician** 6:36 PM Johnson Portia M. /Medical 4b. City, Town, or Location of Deeth 4a. Facility Name (If not institution, giva streat and number) 4c. County of Deeth Examiner Balto NA Stree Fden 5. Sociel Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) 7-8-63 9. Birthplace (Stata or Foraign Country) **Funeral** Deys 214-86-8492 1 M 2 F Months Hours Min MIARYLand Director Usual Rasidance of Decedent Pages 1 and 2 should be filed within 72 hours aftar death with the Maryland nent of Health and Mental Hygiens.
Int: If item 27 is marked other than "natural", or items 23s or 28s-4 show any or other traumatic event, in Alegies Essenting man to motified at 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits Director Balto. 1 Yes 2 No MARYLand NA 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 1524 Eden Street USA 21202 Funeral 11 Marital Status 12. Was Decedant Evar in U.S. Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Maxican, Puarto Rican, atc.) 14. Rece - American Indian. Armed Forces? Black, Whita, atc. 1 Nevar Married 2 Married 1 Yas 2 HNO Specify: Baltimore, Maryland 21215-0020 þ Specify: BLack 3 Widowed 4 Divorced Completed 15. Decedant's Education (Specify only highast grade complated) 16a. Decedent's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa ratired) 16b Kind of Business/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) 1014 unemployed NA 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nema (First, Middla, Maldan Surname) Be Fred 2 Laken 19a. Informant's Name/Reletionship (Typa, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 2/205 Coroline Balto. Md. 20b. Place of Disposition (Nama of cemetery, cremetory or other place) 20a. Mathed of Disposition 20c. Location - City or Town, State 1 Burlai 2 □ Cramation 3 □ Ramoval from Stata permit. Page Department o Important: If any injury or once. Lansdowne, Md. 4 ☐ Donation 5 ☐ Other (Spacify) Zion Com 22. Name and Addrass of Facility 21. Signature of Eunerei Service Licansea N. Broadway 1639 Balto. md 23a. Part1. Enter the disease, or complications that caused the deeth. Do not antar tha moda of dying, such as cardiec or respiretory errest, shock, or haart failura. List only ona cause on each lina. Approximata Intarvai Betw Onset and Death Physician /Medical immediate Causa (Finel disaesa or condition rasulting in death) esperator **Examiner** cearcy syndramo Examiner physician and the burial-transit Sequentially ilst conditions, if any, laading to immadiata cause. Entar Underlying Causa (Disaasa or injury that initieted events rasulting in death) Last Dua to (or as a consequance of) The law requires that the death certificate be axed Division of Vital Records, P.O. Box 68760, Physician/Medicai Dua to (or as e consequanca of) use as t Po signed by the a d be detached f Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Unknown 1 Tyes 2 No 3 Probably 2 24b. Wara autopsy findings available prior to completion of cause of death? 24e. Wes en eutopsy performed? Completed peen paga 2 s certificata 1 🗆 Yas 1 Yas 2 No Attending Physician: funaral director. 25. Wes case raferred to medical axaminar? Be 26. Placa of Death (Check only one) Hospital: 1 ☐ Yas 2 ☑ No Other: 4 Nursing Homa 5 Residence 6 Other (Specify) ٥ 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Date of Injury (Month, Day Year) 27. Menner of Death 28d. Dascribe how injury occurred Certification: 28b. Time of 28c. Injury at Work? Aftar Naturel 5 Panding invastigation or Attending after death. 2 Accidant 1 Yas 2 No 3 Suicida 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, office building, etc. (Spacify) 4 - Homicida 24 hours Hospital Certifying Physician: To the best of my knowledge, daath occurred at the tima, data and placa, and dua to tha causa(s) and manner as stated.

2 Medical Examinar: On the basis of axeminetion end/or invastigetion, in my opinion, death occurred at the time, dete and piece, and dua to the cause(s) and mennar steted. 29a. Cartifian edical (Check only To the To the To the F 29b. Stanature and title of certifie 29c. License number 29d. Daja signed (Month, Day, Year) 30. Neme end eddrass of person who complated causa of death (item 23a) (Type, Print) 31. Data filed (Month, Day, State 1996 AUG14

DHMH 16 Rev 6/95

Registrar



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State of Maryland / Department of Health and Mental Hygiene

				Otate of W	arylaria /	Certificate			ieritai i i	Reg. No.	0	241	42
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J	Physic: /Medi		Edward	Irving	j	ones			July	3, 199	6	10:01	a.m.
	Examir		4a. Facility Neme (If not institution,	give street end number,)		4	b. City, Town, or Lo	ocation of Dee	th 4c. Count	y of Death		
			600 Light Street	-Apt. 410			1	Baltimore		n/a			
	Funeral Director		215-28-7199	. Sex 7. Ag	ge (In yrs. lest	birthdey) If Under 1 Yrs. Months [Yeer Deys	If Under 24 Hrs. Hours Min.	8. Dete of Bi (Month, D	Dete of Birth (Month, Dey, Year) OU. 13,1932		Birthplace (State or Foreign Country) Mary Land	
	pu		Usuel Residence of Decedent 10a. Stete 10b. County		10c City To	own or Location						Od. Inside C	He I lostes
	f sho	5	Maryland n/a			timore					'		2□No
	Pe l	90	10e. Street end Number			10f. Zip Co	ndo		1	10g. Citizen of	Mhat Caus	10.0	
	ath with 23a or 3ust be	Funeral Director	600 Light Street			2123	30			U.S.A			
Maryland 21215-0020	hours after death with the Maryiar urel', or thems 23s or 28s-f show at Examiner must be notified at	by	11. Maritel Stetus 1 Never Merried 2 Merried 3 Widowed 4 DiDivorced	12. Was Decedent Armed Forces 1 Yes 2 If Yes, Give Year or Detes:		13. Wes Deceden It Yes, specify		ispanic Origin? (Sp an, Mexican, Puerto Specify:	ecify Yes or N Rican, etc.)	Special	ce - Americ ick, White, of		k
5	72 h	eted	15. Decadent's (Specify only highest)	Education	16	Se. Decedent's Usual C	Occup	ation	ina	16b. Kind of B	usiness/inc	lustry	
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bug	d dia dia dia dia dia dia dia dia dia di	88	17. Father's Neme (First, Middle, La Irving Jones	st)				18. Mother's Nem-		e, Meiden Sumai	ne)		
ž	Merka Warks	To											
117	and 2 sh eaith and n 27 is m er traum		19a. Informant's Neme/Relationship Gary Jones/Son	(Type, Print)	1	9b. Meiling Address (5 6410 Wavelo	and	way-Colu	al Route Numb	ber, City or Town Mary Lanc	State, Zip		
Baltimore,	permit. Pages 1 a Department of His Important: If Item any Injury or othe 20058.		20e. Method of Disposition 1 Buriel 2 Cremetion 3 4 12 Donetion 5 Other (Spe	cify)	como	of Disposition (Neme tery, cremetory or othe	of er pled	ce)	Dete	20c. Location	- City or To	wn, Stete	
Balt	permit, Departi Importi any inj once.		21. Signature of Funeral Service Lic Ronald	S. Wade, D	ir.			ss of Fecility Omy Board Maryland			altimore Street 559		
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	/Medical Examiner		tmmediate Ceuse (Finei disease or condition resulting in deeth)	. Ventr	Jentricolar Arrhythmia Minutes pue to (or es e consequence ot): yrertensuig Atverosclerotic Cerclio vosculur Diseas Dys								
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6	al-trar	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Obsease or Injury that initiated events		Due to (or es	e consequence of):							
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Box		3		d									
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			30. Neme and address of person wh					الركك		110	100	4	
			Robert C. Dar	L L 7		· Fort t	w	. bulli	more	s cun	123	0	
	Sta	ite	31. Dete tiled (Month, Dey, Year)	32. Registr	er's Signeture				17				
	Registr	ar	AUG 1 4 1996	gues ted do	1- Rando P	2_							

DHMH 16 Rav 6/95

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Deeth 3 Time of Death **Physician JAMES** PATRICK **JACOBS** AUGUST 10,1996 7:55 AM /Medical 4a. Facility Nama (If not institution, giva streat and number) 4b. City, Town, or Location of Death Examiner ST. JOSEPH MEDICAL CENTER TOWSON BALTIMORE 5. Social Security Number If Undar 1 Yaar | If Undar 24 Hrs. 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foraign Country) **Funeral** Months Days Hours 1967 M 2□ F 214 26 1289 Director JUN 18 1930 MARYLAN Usual Residence of Decedent tha Manyland 10a. Stata 10c. City, Town or Location 7 Is marked other than "natural", or itsms 23s or 28s-f show traumatic event, the Medical Examiner must be notified at 10d. Insida City Limits Directo 1 ☐ Yas 2 No HARFORD Oralesan 7225 12 10e. Street and Number 10f. Zlp Coda 10g. Citizan of What Country? KOAD U.S.A 4325 ADONNA 2 should be filled within 72 hours after death v n and Mental Hygiena. Is merked other than "natural", or teme 23s 21154 Funeral 12. Was Dacedent Evar in U,S. Armed Forcas? 11. Marital Status Was Decedant of Hispanic Origin? (Specify Yas or No-it Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian Black, Whita, atc. 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: 1 ☐ Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: à 3 ☐ Widowed 4 ☐ Divorcad BITHER Completed 15. Dacedent's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) ARPENT 8 X RS. 5R Union LOCAL 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) Be 2 F. JACOBS SR. UKTOBUTAN 19a. Interment's Name/Relationship (Type, Print) 19b. Malling Addrass (Straat and Number or Rural Routa Number, City or Town, Steta, Zip Code) 21154 permit. Pages 1 and 2 st Department of Haalth and Important: If Item 27 Ia m any Injury or other traun JUNE E. JACOBS 4325 1ADONNA KORD REET MARYLADO 20b. Plece of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Data Data 74 AUG. 14 1996 ™ Burial 2 Cramation 3 Ramoval from State 4 ☐ Donetion 5 ☐ Other (Specify) breland 1 1smoRial 21. Signature of Funeral Service License 22. Nama and Address of Facility
EVANS FUNERAL CHAPEL - BELAIR, P.A. DRIVE FORIST Nound 3 NEWPORT MARYLARO 23a. Part1. Enter the disease, or complications that callsad the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heart tellura. List only one cause on as in line. Physician /Medical Immediata Cause (Finel disaasa or condition rasulting in daath) INTRACTABLE VENTRICULAR FIBRILLATION 48 Mins. Examiner Dua to (or as a consequence of) Examiner attending physician and for usa as the burial-transit Sequentially list conditions, if any, laading to immadiata causa. Entar Undarying Ceuse (Diseesa or Injury that initiated events Due to (or as a consequence of) Box 68760. certificata be Physician/Medical Dua to (or as a consequence of): rasulting In daath) Last P.0. tha Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1) Yss 2 No 3 Probably 4 Unknown STATUS/POST CORONARY ARTERY BYPASS SURGERY Division of Vital Records, þ CHRONIC OBSTRUCTIVE PULMONARY DISEASE Completed 24b. Wara autopsy tindings available prior to completion of cause of death? 24a. Was an autopsy peen s performed? page 2 certificata 2X No 1 Yas 1 ☐ Yas 2 No Be 25. Was casa rafarred to medical 26. Placa of Daath (Check only one) Hospitel: 1 Inpatiant 1 ☐ Yas 2 No Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 2 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Mannar of Death 28c. Injury at Work? Ao the Hospital or Attending Pt within 24 hours after death. To the Funeral Director: After th complataly filled in by the funeral Certification: 28b. Tima of 28d. Dascribe how Injury occurred Aftar t 1X Natural 5 Panding Invastigation 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be datamined 3 Sulcida 28a. Placa of Injury - At homa, farm, straat, tactory, office building, atc. (Specify) 28t. Location (Street and Number or Rural Route Number, City or Town, Steta) 4 Homicida To the best of my knowledge, deeth occurred at tha time, dete and placa, and dua to tha causa(s) and menner as steted.

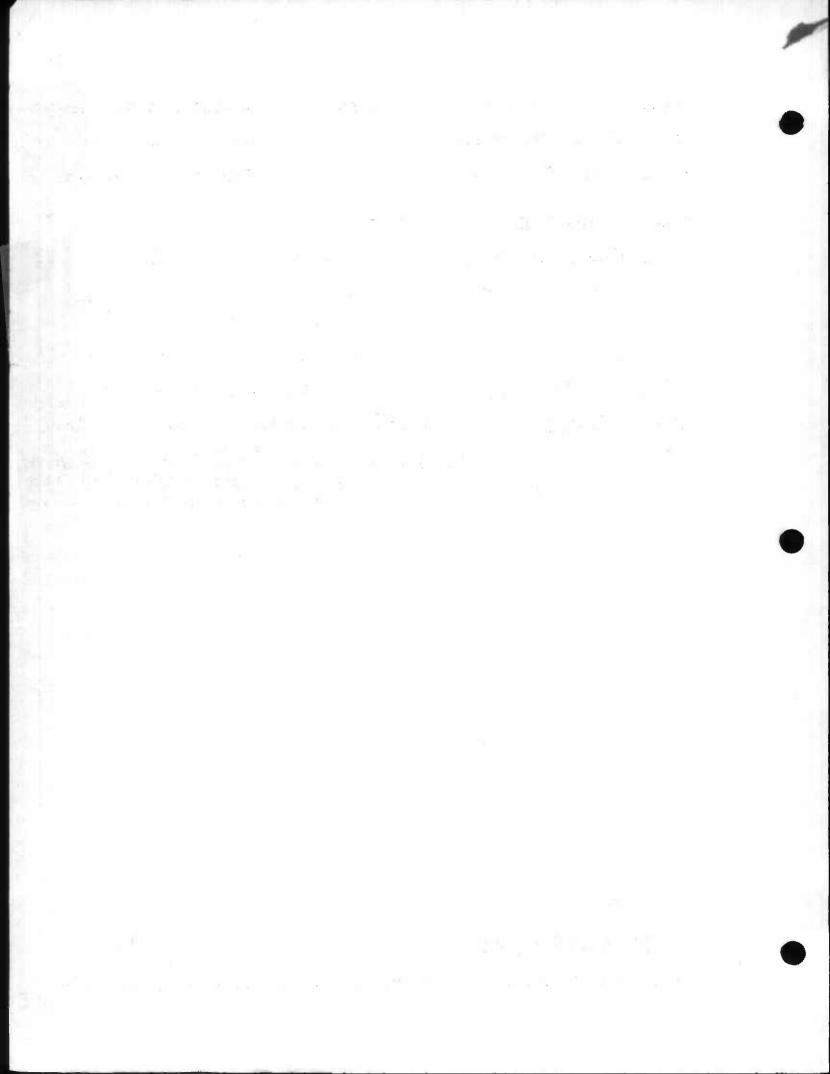
Medicat Examiner: On tha basis of axamination end/or invastigation, in my opinion, daath occurred at the time, dete end place, and dua to tha cause(s) and mannar statad. Medical 29a. Certifiar (Check only one) 29b. Signature and title of certifiar 29d. Date signed (Month, Day, Year) 29c. Licansa number (Ours-

State Registrar

R.C. STEWART FINNEY, M.D., O'DEA MEDICAL BLDG., TOWSON, MD. 31 Data tiled (Month, Day, UG 1 4 1996

30. Nama and addrass ot person who complated cause ot daath (Itam 23a) (Type, Print)





Funeral Director

ns 23s or 28s-f shours at mast be notified at the death with Herma Examiner filed within 72 hours efter ŏ "natural". traumatic event, the Medical than Hygiena. other mit. Peges 1 end 2 should be file partment of Health and Mental Hy portant: If Itam 27 is marked oth y Injury or other traumatic event Department of Important: If any injury or

21215-0020

Maryland

Baltimore,

Division of Vital Records, P.O. Box 68760,

Physician /Medical Examiner	
To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours effer death. To the Funeral Director: Affer this certificata has been signed by the effending physicien and completely filled in by the funeral director, page 2 should be detached for use as the buriel-transit	

3. Time of Death Hyattsville lanor If Under 1 Year V Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 18M 20 F Months Deys 32 579-96-2236 Yrs. March 3, 1964 un Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Prince George's Maryland Hyattsville 1 ☐ Yes 2 ☑ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6500 Riggs Road 20783 unknown Funeral 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indien, Black, White, etc. 1 Never Married 2 Married by 1 ☐ Yes 2 ☑ No Specify: Black 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decadent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade Elementary/Secondary (0-12) D.C. GOVERNMENT College (1-4or 5+) unknown DEPT. OF HOUSING EMPL. unknown unknown unknown 17. Father's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Meiden Sumame) Be unknown ALBERT CURTIS. SR. WIRROWN MARGARET TILLMAN 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) - unknown carolyn taylor-sister unknown 613 DARRINGTON ST. S.E. WASHINGTON D.C. 20032 20b. Placa of Disposition (Neme of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1XXBurlei 2 Cremation 3 Removal from State 4 □ Donation 5 Ø Other (Specify) State tem MT. OLIVET CEMETERY 8/16/96 WASHINGTON. D.C. onald S. Wade, Der. Rece Part 1. Enter the disease, ir commiscations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, and ck, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Physician/Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or es a consequenca of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the causs of death? 2 No 3 Probably 4 Unknown Completed by 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? 2 No 1 Yes 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Certification: To Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28d. Describe how injury occurred 28c. injury at Work? Natural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 ☐ Suicide Plece of injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner steted. Medicai 29a. Certifier (Check only one) 29b. Signature end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year)

DHMH 16 Rev 6/95

State

Registrar

Date filed (Month, Dey, Year)

AUG 1 4 1996

grave that be william

300 77 900

UNKNOWN 96-177

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3 State

Registrar

30. Name end eddress of person who completed cause of death (item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

29b. Signeture end title of certifier

29c. License number

29d. Date signed (Month, Dey, Year)

36. 4 -4 50/1

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State of Maryland / Department of Health and Mental Hygiene 96 24146

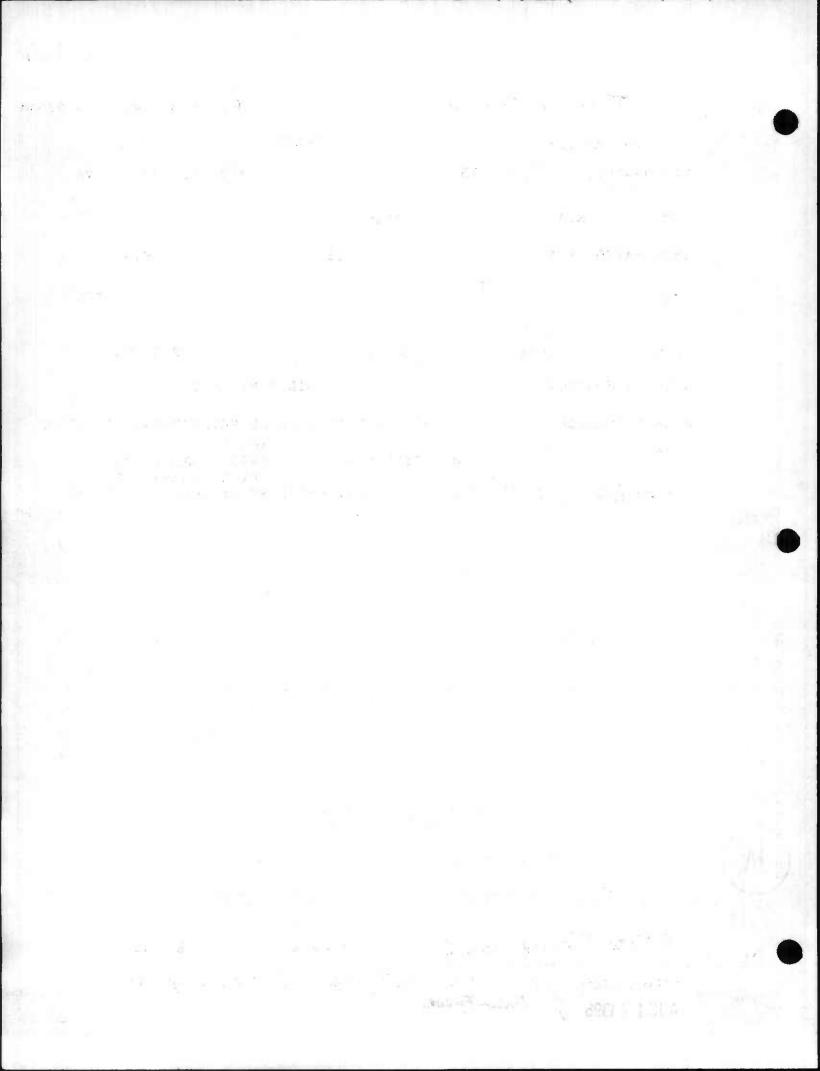
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/Medi		Herbert	5.	Jone	2			08	10	1996	430
Exami	ner	4a. Facility Name (If not institution, g.	iva street end numb	er)			4b. City, Tow	n, or Location of Dee	th 4c. Cou	nty of Death	7
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and and		10a. State 10b. County		10c. City, To	wn or Loc	ation				10	Od. Inside City Limits
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Physician / Middleal Examiner 20	0	80 = 8 9		A Alsia	-74317	2		1129	N.	CAROL	INE S					3
Physician Medical Examiner Part Description Properties Proper				23a. Part1. Enter the disease, or	complications that ceuse	d ihe deat	h. Do no	ot enter the mo	de of dyl	ng, such as ca	rdiac or resp	olratory erres		1	Approx	dmate
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De general popular pop	876	hysic the b	lca	that initiated events	c	Due to (o	as e co	nsequence of):	, , ,						
Pert II. Other significant conditions coniributing to death bui not resulting in the underlying ceuse given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown		ing p	Me											1		
28. Did tobacco use contribute to the cause of death? Yes 2 No 3 Probably 4 Unknown	0	0 0 0			d											
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The view Elder MT House officer D38993 81096 30. Name and address of person who completed cause of death (item 23a) (Type, Print) **Correct Clark MT 2600 Liberty Hyuts Baltimore MY 21215 State 31. Date filed (Month, Dey, Year) Live. 102. Fig. 102. Fig. 102. Fig. 102. Fig. 102. Fig. 102. Fig. 103. Fig.		the H		(Single S	examiner: On the basis of	r examınat	ion ena/a	or investigetion	i, in my o	pinion, death o	occurred ai t	ne time, date	and place, a	and due to	me cau	150(0)
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State of Maryland / Department of Health and Mental Hygiene 96

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					,	Cert	ificate of	Death	,	Reg. No.		49140
			1. Decedent's Neme (First, Middle, L	ast)					2. Dete of De		Vees	3. Time of Deeth
	Physici /Medi		GRACE E. J	TOHNSON					AUG-44T	- Day	Year 1996	2:05 PM
	Examir		4e. Fecility Neme (If not Institution, gi					4b. City, Town, or	Location of Deet	h 4c. County		
			Mercy Medical Co	enter				Baltimor	e City		ľ	N/A
	Funeral Director		,	Sex 7. Age 1 M 2 TF	e (In yrs. lest b 73	Yrs.	If Under 1 Yeer Months Deys		8. Dete of Bir (Month, Da Jan 2	th Year) 22 1923	9. Birthp Cour Penr	plece <i>(Stete or Foreig</i> n ntry) nsylvania
	pu »		Usuel Residence of Decedent 10a. Stete 10b. County		10c. City, Tox	un or Loos	ation					Od toolds Ob Clark
	anyla shor	-	Md. N/A				City					10d. Inside City Limits 1 Yes 2 No
	he N	Director	10a. Street and Number				_			40 000 44		
	s i and 2 should be filed within 72 hours after death with the Maryland I Health and Mental Hyglens. Item 27 is marked other than "natural", or items 23s or 28=4 show other traumatic event, the Medical Examines must be notified at	ral Dir	202 Bolton Place	ce			10f. Zip Code 212	217		10g. Citizen of	USA	itry?
	en de	Funeral	11. Maritei Stetus	12. Wes Decedent E Armed Forces?		13. W	es Decedent of I res, specify Cub	Hispanic Origin? (S en, Mexican, Puer	pecify Yes or No to Rican, etc.)	- 14. Rad Ble	e - Americ	can Indian, etc.
020	ours afte	þ	1 ☐ Never Married 28 Merried 3 ☐ Widowed 4 ☐ Divorced	1 Tyes 2 2 N If Yes, Give Yeer or Detes:	lo		☐ Yes 2 1 No			Specif	w Wh:	ite
5-0	72 h natu	etec	15. Decedent's E (Specify only highest gi	ducation rede completed)	160	e. Decede	nt's Usuel Occu	pation during most of world)	rkina	16b. Kind of B	usiness/In	dustry
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Ja	vid b Went	To	Carl		Mag	nusso	on	Grace				Logan
lan	and 2 should be filed waith and Mental Hygles 127 Is marked other ti er traumatic event, the		19e. Informant's Neme/Reletionship					tend Number or Ru				Code)
	1 and 2 Health em 27 I		Orlando Jay Joh	nson/ Husba	and	202 1	Bolton E	Place Bal	timore,	Md. 212	7.7	
Ore	of He		20a. Method of Disposition 1 ☐ Burial 2 ☑ Cremetion 3 l	Domesial from State	20b. Pleca cemete	of Disposition of Dis	tion (Neme of story or other ple	ice)	Dete	20c. Location -	City or To	own, Stete
E	Pag nent int: H		4 □ Donetion 5 □ Other (Spec		Hillt	op Se	ervice (Co.	8-14-96	Towsor	, Md	
Baltimore,	permit. Pages 1 as Department of Hee Important: If item any Injury or othe once.		21. Signeture of Funerel Servica Lig	nsee		22. 1	Neme and Addu	TOWESHY Fu	neral H	ome, Inc		
m	88558) K. J. F	_				York Rd.				
			23a. Pert1. Enter the disease, or cor shock, or heart feiture. List only	nplications that caused	the deeth. Do	not enter	the mode of dyl	Ing, such es cardie	or respiretory e	rrest,	1	Approximate Interval Between
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4	/Medicai		fmmediete Cause (Finel diseese or condition	· POORLY I	DIECERE	ATLA	TED HE	DATE CA	DOING	1.4.	-	
3	Examiner		resulting in death)		Due to (or es e			MATIC OI	12011001			
4	D #	ner			Allera College							
	tificate be axecuted ig physician and as the burial-transit	Examiner	Sequentielly list conditions,	b	Due to (or es e	conseque	ence of):					
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Box	attendin for usa	Physician/I									I	
o.	es that the de igned by the a be detached t	ysic	Pert tf. Other significant conditions	contributing to death bu	t not resulting	in the und	erlying cause gi	ven in Pert I.	23b. Dld	tobacco use co	ntribute t	o the causs of death?
P.0	that the set by detac								10	Yes 2□ No	3 Pro	bably 4 Unknown
Vital Records,	law requires that that as been signed by the 2 should be detached	d by							240 11100	en eutopsy	245 W	ere eutopsy findings
Ö	v require been si	Completed								ormed?	ev	reliable prior to
3ec	has t	idu										death?
<u>=</u>	T at a								1 🗆	Yes 2 No	1(☐ Yes 2☐ No
Vities 1	Physician: The this cartificate ral director, page	Be	25. Wes case referred to medical examiner?	tt b-b-b			100		ath (Check only	one)		
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'n		on	27. Manner of Deeth 1 ☑ Neturel 5 ☐ Pending	28e. Dete of Injur (Month, De)	y <i>Year)</i> 28b.	Time of Injury	28c. Inju Wo		28d. Describe	how injury occur	red	
Sic	or: or:	cat	2 Accident investigetic 3 Suicide 6 Could not	20				Yes 2 No	001 1 1			
Division	after d Direct Jin by	Certification:	4 ☐ Homicide determined	28e. Place of Injubuilding, etc	iry - At home, f :. <i>(Specify)</i>	erm, stree	t, fectory, office		City or To	Street and Numi wn, Stete)	ber or Hun	al Route Number,
	pital prais illed	S	One Continue and a set of									
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	To the Hospital or within 24 hours after To the Funeral Director Completely filled in b	Mec	29b. Signeture end title of cartifier	end manner ste	100.	2	29c. Licen	se number		29d. Dete signe	d (Month	Dev. Year)
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1	10		30. Neme and address of person who		eath (Item 23a)	(Type, Pr	int)	PITAL 30	1111	7	D	_
	n and a		31. Dete filed (Month, Dey, Year)	EVINGER,	or's Signeture	1 'E	zcy Hos	PITAL DU	1 N. 54	HINT YAUL	. PLAC	E
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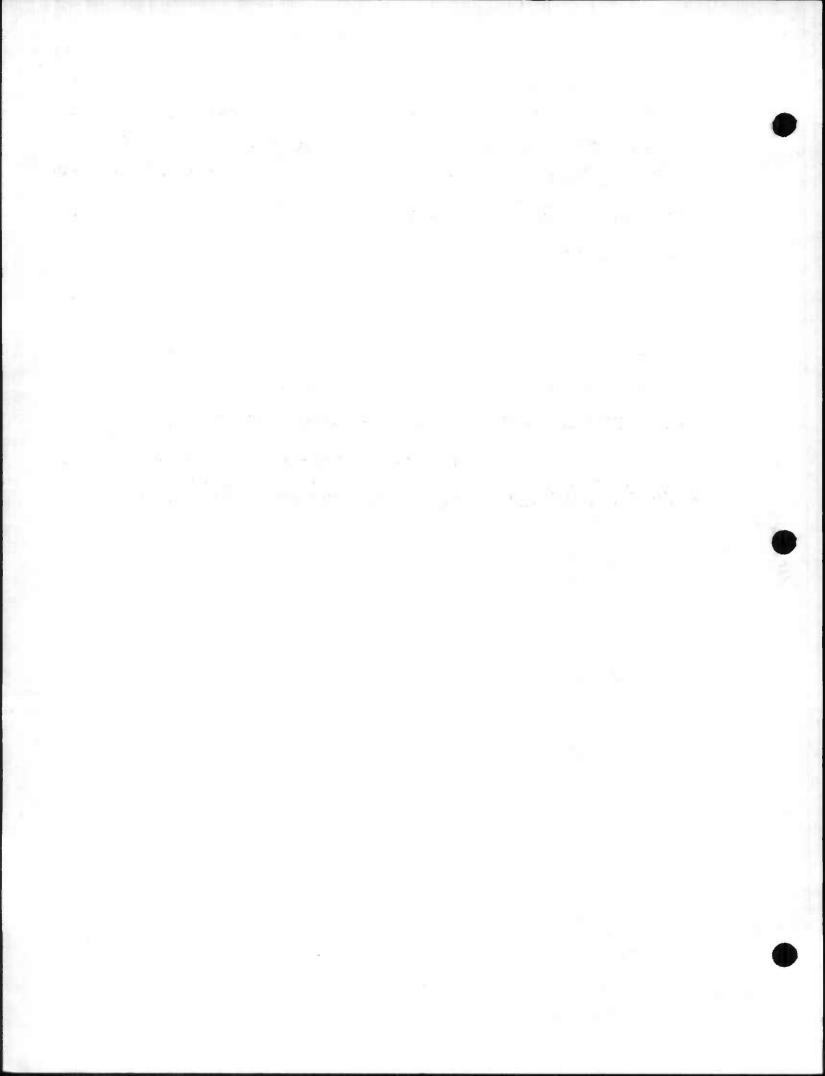
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State of Maryland / Department of Health and Mental Hygiene 96

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						Cer	tificate of	f Death		Reg. No.	O .	64147
	Dharata		1. Decedant's Nama (First, Middla, La	st)					2. Data of De	ath	Vaar	3. Tima of Death
	Physici /Medi		JOSEPH	Α.	JA	CHEM			AUGUST	6.1996	Yaar 6	7:23 AM
).	Examir		4e. Fecility Nama (If not institution, giv	e street and number)		J11211		4b. City, Town, or Lo				7.23.141
	Funeral		THE JOHNS HOPKIN			st birthday)	If Undar 1 Yea Months Deys		8. Data of Bir			place (Stata or Foraig
	Director		216-03-4506 Usuai Rasidanca of Decedent	X 22.	78	Yrs.			<u>u</u> 2-	1/-10	MAR	YLAND
	Pand Mand		10a. Stata 10b. County		10c. City,	Town or Loc	ation				1	Od. Inaide City Limits
	Mary 4 sh	ō	MARYLAND N	/A	BAI	TIMO	RE					1 XYes 2 No
	28e	Director	10e. Street and Number				10f. Zip Coda			10g. Citizen of	What Cour	ntry?
	death with the Maryland ma 23a or 28a-f show croust be notified at		716 S. LINWOOD	AVENUE			21224			usa		
	death	Funeral	11. Maritei Status	12. Was Dacedent E	ver in U,S		/as Decedant of	Hispanic Origin? (Spe	ecify Yas or No	- 14. Red		can indian,
21215-0020	d within 72 hours after death with the Marylan giene, "rethan "natural", or itema 23a or 28a-f show The Medical Examiner must be notified at	by	1 Nevar Married Merried 3 Widowed 4 Divorced	Armed Forcas? 1 ☑ Yas 2 ☐ No if Yes, Giva Yaar or Detes: V			Yes, specify Cu	ban, Maxican, Puarto I	Rican, etc.)	Specify	ck, Whita,	atc. HITE
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Baltimore, Maryland	0 = 0	To Be	STANLEY JACHEM					18. Mother's Neme			ra)	
lar	and and is ma		19e. informant's Name/Ralationship (et and Number or Rura				· ·
3,	1 and Health em 27 is		MRS. GENEVIEVE	JACHEM	_			OOD AVENU				1224
00	Pages 1 nent of H int: If ite ury or off		20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 ☐	Ramoval from Stata	car	na <i>tary</i> , cram	ition (Nama of atory or other pi		Data	20c. Location -		
Ē	men men tent: ury		4 Donation 5 Dother (Specific		HOL	ROS	ARY CE	METERY *	8-10	BALTO.	CO.	MD.
Bal	peimil. Pages 1 and 2 should Department of Health and Men Important: If Item 27 is marks any Injury or other traumatic.	1	21. Signature of Funeral Service Licer	joe	1 -	K ²² .		SKI FUNEI				
_	00240	_(Jearles X XX	BUNK	ke			ET ST. BA			224	
			23a. Part1. Enter the disease, on com shock, or heart failure. List only	plications that caused to ona causa on each line	tha death.	Do not enta	r tha moda of dy	/ing, such as cardiac o	r respiratory a	rrest,	į	Approximate Interval Between
0	Physician /Medical		immediate Cause (Finel	M				,			1	Onset end Death
	Examiner		disease or condition rasulting in daath)	a. Mys	CAR	DIAL	エル	FARCDO	N			Thous
_		e		' 0	oua to (or	as a consequ	uence of):	FARCTIO			i	
	uted d ansit	Examiner	S	b. ATR	46	as a consequ	5 K1/1 a +7	W			1	Syeon Syeon
o,	rifficate be executed ing physician and as the burial-transit		Sequantially list conditions, if any, leading to immadiata cause. Enter Undarfying Cause (Disaesa or injury thet initiated evants	4	rua to (or a	is a consequ	ierice or).				1	1
68760,	te be ysicie	edical	Cause (Disaesa or injury thet initiated evants	c. 77	ue to for e	s e consequ	ence of):					syear
89	ng ph as th	Med	rasulting in daath) Last		refe						i	Carra.
Box	leath certifice attending ph I for use as t			d	rept	2						- gens
<u>.</u>	The law requires that the death ce atendiate has been signed by the attendige 2 should be detached for uss	by Physician/	Part II. Other eignificant conditions of	ontributing to death but	not rasult	ing In the un	dariying causa g	jivan in Part i.	23b. Dld	tobacco use co	ntribute to	o the cause of death
<u>م</u>	d by t	Phy	Anni Varva	ProstHESIS	T	- CA-ICIE	TIC	Lani	10	Yee 2□ No	3 Prof	bebly 4 Unknow
S,	signe d be d	by									T 0.41 144	
0	w require been si should?	Completed	ATTACK. CEREST.	VASCULAR	ACC	DENT	BRMN	tomal		en autopsy med?	ev	ere autopsy findings allabla prior to impletion of ceusa
3ec	has h	mpi					1				of	death?
a	: The								10	Yas 2 No	10	Yas 2010
Division of Vital Records, P.O.	lcian certif recto	Be	25. Was casa referred to medical axaminar?	Hospital:			_ 0	26. Place of Death				
o	Phys raidi	- T	1 ☐ Yes 2 ☑ No 27. Mannag of Death	1 Li Inpatien		R/Outpatient 8b. Tima of	30 000	4 🗆 Huising Ho		dence 6 ⊟Oth how injury occur		y)
O	ding th. Afte	tlor	1 ☐Natural 5 ☐ Panding 2 ☐ Accident invastigation	28a. Date of Injury (Month, Dey	Year)	injury	28c. Inj W	ork? ⊒Yas 2⊡No				
18	Atten r dea octor	fica	3 Sulcida 6 Could not b	28a. Piace of Injur	y - At hom	a, ferm, stre	at, factory, office	9 4	28f. Location (Street and Numb	ber or Rura	al Routa Number,
	s afte	Certification:	4 ☐ Homicida detarrimed	building, atc.	(Specify)				City or To	wn, Stata)		
	To the Hoppital or Attending Physician: The law within 24 hours after death. To the Funeral Director: After this certificate has completely illied in by the funeral director, page 2	edical (29a, Cartifiar 1 Certifying Ph	yelclan: To the best of niner: On the basis of a and mannar state	examinatio	adga, daath n end/or inva	occurred at the astigation, in my	time, dete end pleca, a opinion, death occurre	and dua to tha ed at the time,	ceusa(s) and ma dete and piace,	annar as si and dua to	tatad. o tha cause(s)
4	Nithin To the	Me	29b. Signetura and titla of certifiar				29c. Licar	nse number	T	29d. Data signe	d (Month,	Day, Year)
100	1		* Ellin	4			N/3	18		AUSUST	6	1996
	10/1		30. Nama and address of person who	complated cause of da	ath (Itam 2	3a) (Type, P	rint)			, /		•
	10		A .	John	Joh	Ns H	OPKINS	Hospin	6			
	Sta	te	31. Data filad (Month, Day, Year)	P n. 39 Registrer					*			
	Registr	ar	AUG 14 1996	/	1							



State of Maryland / Department of Health and Mental Hygiene

24150 Certificate of Death 1. Decedant's Nama (First, Middle, Last) 3. Time of Death 2. Data of Death FRANCES Physician VIRGINIA KACZOROWS 4b. City, Town, or Location of Death /Medicai 4a. Facility Nama (If not institution, giva straat and number) 4c. County of Death Examiner BALTIMORE HOSPITAL UNION MEMORIAL If Undar 1 Yaar If Undar 24 Hrs. 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foraign **Funeral** 1 M & F Months Days MARYLAND 216-01-6600 80rs. Director Usual Rasidance of Dacedant the Maryland 10a Stata 10b. County 10c. City, Town or Locetion 10d. insida City Limits 28a-f show the Medical Examiner must be notified at MARYLAND

10e. Street and Nur N/A BALTIMORE 1 XYas 2 No 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 'natural', or items 23a or 4732 SHAMROCK AVENUE 21206 USA Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 No If Yas, Giva Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. filed within 72 hours efter 1 Navar Married 2 Marriad Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify Specify: WHITE þ 3 Widowed 4 □ Divorcad Yaar or Datas: Completed Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry permit. Peges 1 and 2 should be filed within 72. Department of Health and Mentel Hygiene. Important: If Item 27 is marked other than 'na any Injury or other traumatic event, the Media. Collaga (1-4or 5+) HOMEMAKER OWN HOME 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) Be ANNA CASPER CASIMIR NOVAK 19a. informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) MR. WILLIAM KACZOROWSKI 1907 KNOLTON BALTO. MD. 21093. 20b. Place of Disposition (Nama of camatary, cramatory or other p 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 □ Cramation 3 □ Ramoval from Stata HOLY ROSARY CEMETERY 8-12 BALTO. CO. MD. 4 ☐ Donation 5 ☐ Othar (Spacify) 22. Nama and Addrass of Facility KACZOROWSKI FUNERAL HOME 1201 DUNDALK AVENUE BALTO. MD. 21222 23a. Part1. Entar tha disaasa, or shock, or haart failura. List cations that caused tha daath. Do not antar tha moda of dying, such as cardiac or respiratory arrast, a guine on each lina. **Physician** Immadiata Causa (Final disaasa or condition rasulting in daath) /Medical Examiner Physician/Medical Examiner The law requires that the deeth certificate be execuanding physicien and use es the buriel-trar Sequantially iist conditions, if any, leading to immadiata ceusa. Entar Underlying Causa (Disaasa or Injury Box 68760 that initiated evants rasulting in death) Last Dua to (or as a consequence of): P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 2 No 3 Probably 4 Unknown Division of Vital Records. ģ 24b. Wara autopsy findings available prior to complation of causa of daath? Completed 24a. Was an autopsy performed? 1 Tas 1 Yas No or Attending Physician: 25. Was cesa rafarred to madicel axaminar? Certification: To Be 26. Placa of Daath (Chack only ona) Hospital: Other: 4 Nursing Homa 5 Rasidance 8 Other (Specify) 1 Yas 200 No Inpatiant 2 ER/Outpatlent 3 DOA this 27. Manner of Death Data of Injury (Month, Day Year) 28c. Injury at Work? 28b. Tima of 28d. Dascribe how injury occurred After 5 Panding Invastigation 1 Natural 24 hours efter deeth. 1 Tas 6 Could not ba datarmined 3 ☐ Suicida in by t 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida Hospital Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

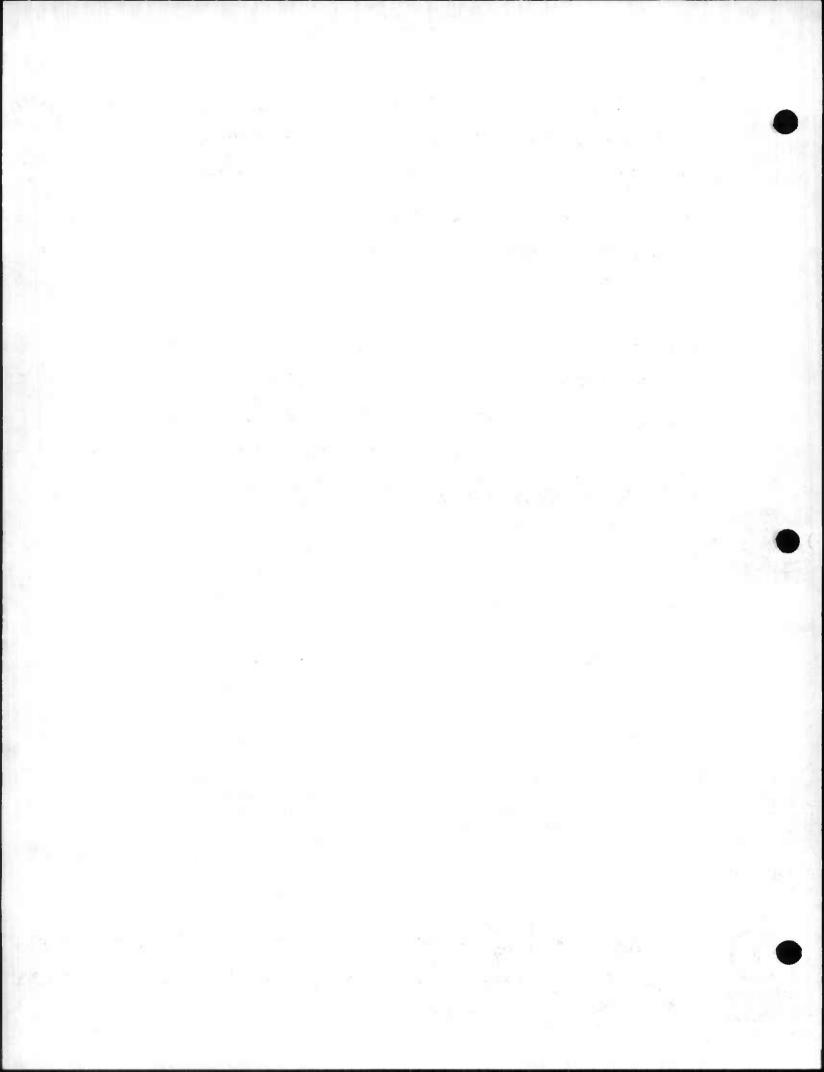
| Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Cartifiar pletely (Check only hin 2 2 29b. Signature and title of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) D37370 30. Name and address of person of death (Itam 23a) (Type, Print) E. UNIVERSITY PKWY BALTO, MO 21228 4MON1 201 32 Begistrar's Signatura

State Registrar 31. Data filed (Month,

AUG14

Day, Year)

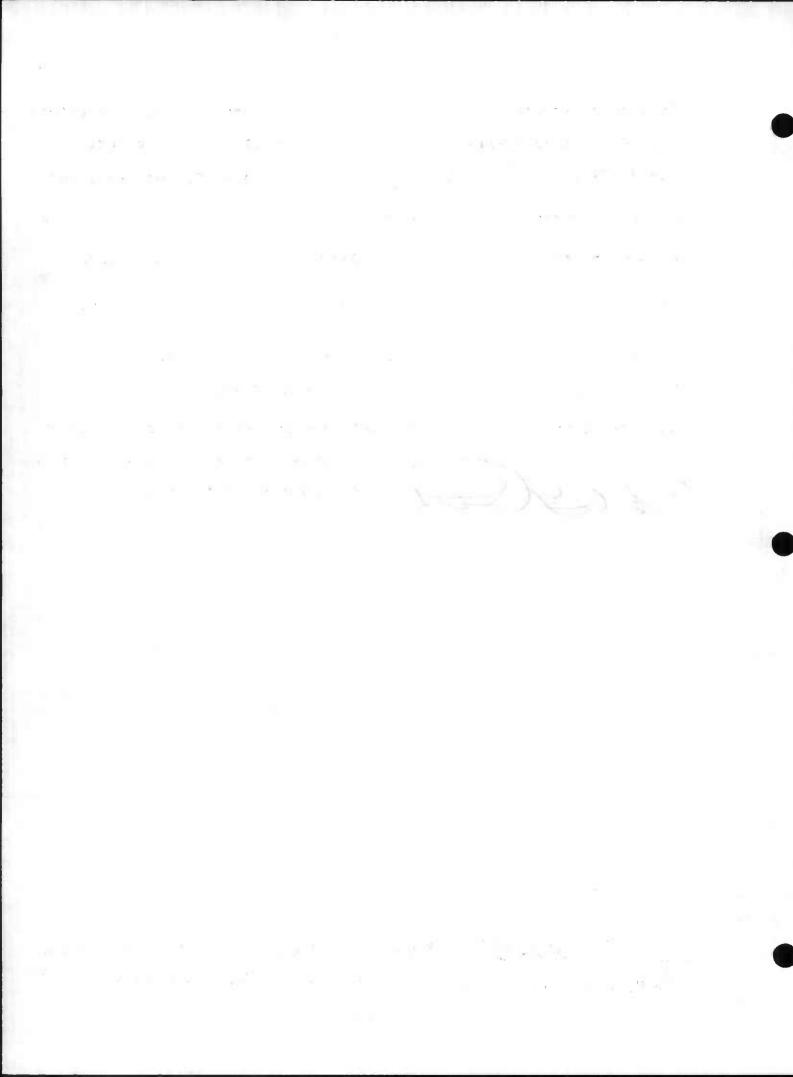
DHMH 16 Rev 6/95



Please Type or Print in Black indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene.

			Certificate of Maryland / Department of			Reg. No.	96 2	4151
		1	1. Decedent's Nama (First, Middla, Last)		2. Data of De	ath	Vana	3. Time of Deeth
J.	Physici /Medic		Darlene M. Kecken		Augus	t 1		6:40pm
	Examir		4e. Fecility Neme (If not Institution, give street end number)	4b. City, Town, or L	ocation of Deeth	1 4c. (County of Deeth	
			3117 California Avenue	Parkvi1			altimor	
	Funeral Director		5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthday) If Under 1 Yes Months De Usuel Residence of Decedent		(Month, De		9. Birthpl Coun 945 Mar	lece (Stete or Foreign try) yland
	fand w		10a. Stata 10b. County 10c. City, Town or Location				10	0d. inside City Limits
	Mary H sh	tor	Maryland Carroll Lineboro					1 ☐ Yes 2√€ No
	r 28a	Director	10e. Street end Number 10f. Zip Cod	a		10g. Citiz	zen of What Coun	try?
	th wit		4324 Main Street 211	.02		Unit	ted Sta	tes
	dea me	Funeral	11. Marital Status 12. Wes Decedant Evar in U,S. Armed Forces? 13. Wes Dacedent of If Yes, specify C	of Hispenic Origin? (Sp Juban, Maxican, Puarto	pecify Yas or No		14. Race - America Black, White,	an Indien,
Maryland 21215-0020	n 72 hours after death with the Maryland "natural", or items 23s or 28s-f show addres Exercited must be notified at	þ	1 ☐ Nevar Married 2 ☐ Merried 1 ☐ Yes 2X☐ No If Yes, Give Yaar or Datas:		o riiodii, oto.)		Specify: whi	
5-0	d within 72 ho jene. r than "natur the Wed cal	Completed	15. Decedent's Education (Specify only highest grada completed) [Give kind of work do life. DO NOT use rail	cupetion ne during most of work	kina	16b. Kin	nd of Business/Inc	lustry
121		mpl	College (1-4or 5+)	tired)				
7	ified with Hygiene. other than		1 I homemake 17. Father's Name (First, Middla, Last)	18. Mother's Nam	o (Cient Middle		wn_home	
ano		Be	Donnald Keller		- make on	, Melden :	Sumama)	
<u> </u>	2 should be i and Mental I is marked of reumatic eve	To	19a. Informant's Neme/Reletionship (Type, Print) 19b. Melling Addrass (Str.	Anne M		er City or	Town State Zin	Codel
M	ith an							
e,	ges 1 and 2 t of Health if item 27 i		Charles Weyant 36.39 Mctay 20e. Method of Disposition 1 Denvise 2 Demonstrate 20b. Pleas of Disposition (Name of cematary, crematory or other)	ish Aven	ne Ral	20c. Loc	cation - City or To	wn, Steta
E C	age:		1 □ NBurial 2 □ Cremetion 3 □ Removel from Steta 4 □ Donetion 5 □ Other (Specify) Meadowridge N		8/1//0	6 D	orgon M	aruland
Baltimore,	permit. Pages 1 and 2 Department of Health of Important: If item 27 is any injury or other tra		21 Signature of Funeral Service Licensee 22. Nema and Ad		0/14/3	O DO	orsey, n	aryrand
m	Depa Impo		Ambrose	Funeral	Home,	Inc	c. Ar	butus
	The same of		1328 Sur Part 1. Enter the disease, or complications that caused the daeth. Do not enter the mode of shock, or heart feilura. List only one cause on each lina.	1 phur Sp dying, such es cardiac	ring R	oad_ rrest,	2	1227 Approximata intarvai Between
8	Physician	-	shock, or neert tellura. List only one ceuse on each lina.					intarval Between Onset end Deeth
4	/Medical		Immediate Cause (Final disease or condition				!	
	Examiner		Due to (or es a consequance of):					
-	P #	Examiner	- Chronic Obstru	ctive.	lung	dis	(01110	
	and Aran	хвт	Sequentially list conditions, if any leading to immediate					
90	icate be executed physician and s the burief-transit		Sequentially list conditions, if any, leading to immediate ceuse. Entar Underlying Ceuse (Disease or injury					
68760,	illicate be som g physician a se the burisi-	edical	that initiated events rasulting in death) Lest Due to (or es e consequence of):				į	
Вох	oent nding use s	2	d					
	death e atte	Icla	Pert il. Other significant conditions contributing to death but not rasulting in the underlying cause	Internal in Plant	ook Did	tobooo .	uin a nit-liuta ta	the cause of death?
P.O.	6 6 5	Physician/M	r or in. Other significant conditions continuously to death out not issuiting in the underlying cause	given in Part I.	236.010			ably 4 Unknown
	E 88	by P			CIE	100 20	_ 110 0 0 1 1 1 0 0	abiy 4 onalowii
Records,	v requires been sign should be	Pe			24e. Was	an autop		ra autopsy findings ilable prior to
8	8 D. S.	Completed			perio	illieo :	COL	npletion of cause death?
æ	a - X	E			10	Yes 2.Z	1No 1	Yes 2□ No
Vital	lician: The certificate rector, pay	Bec	25. Wes case referred to medical	26. Piece of Dee		111		2211
	Physician: this cartific ral director,	To	examinar? 1 Yes 2 No	Other: 4 Nursing H	ome 5 Resid	dence 6	Other (Specify)
Division of			27. Menner of Deeth 28a. Dete of injury 28b. Tima of injury 1 Naturel 5 Panding (Month, Dey Year) 28b. Tima of injury 2b. Tima of injury 2b. Tima of	njury et Work?	28d. Describe I			
sio	Attending or death. ector: After by the fune	cati	2 ☐ Accident Investigation M 1	☐ Yes 2☐ No				
\leq	or Att	Certification:	3 ☐ Suicida 4 ☐ Homicide 6 ☐ Could not be determined 28e. Piece of Injury - At home, farm, street, factory, offi building, etc. (Specify)	Ce	28f. Location (S City or Tox	Street and wn, State)	d Number or Rure)	Route Number,
	lifed bell		20a Cariffor MP Castifican Dt					
1	Fundament Park	edical	29e. Cartifier (Check only one) 12 ■ Medicat Examiner: On the basis of examination end/or investigation, in m end menner steted.	e time, dete end piece, ny opinion, deeth occur	and due to tha rred at tha time,	data and	and manner as st place, and due to	ated. the cause(s)
(.	Tota	Ň	29b. Signature end title of certifier 29c. Lice	ansa number		29d. Date	a signed (Month, L	Dey, Year)
1	/	110) Mandle , MD D	48184		An	9 12	1996
•	-	+	30. Name end eddress of person who completed cause of deeth (itam 23a) (Type, Print)	/	12/	L	1 .1 =	10 21157
	5 Sta	e	Elhamy Eskander, MD 906-C U	Vashingt on	Kd L	vesta	nin) regi	1) < ID /
	Registra		31. Dete filed (Month, Day, Year) AUG 14 1996 32. Registrer's Signeture Lie Davidson-Rendelle					

DHMH 16 Rev 6/95



DIVISION OF VITAL RECORDS, P.O. BOX 6876 BALTIMORE, MARYLAND 21215-0020

								96	24152		
	1 - STATE REGISTRAR	STATE OF MARYLAND		RTMENT OF I			SIENE I. NO.				
170	********		AKINS			2. DATE OF DEA MONTH Aug.	8,	1996	3. TIME OF DEATH 11:00 P M		
	4. SOCIAL SECURITY NUMBER 215-42-5817	1 □ M 2 X F 95	s. last birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRT (Month, Day, Y	1900) Ma	ryland		
OR	98. FACILITY NAME (If not Institution, give st HOLLY HILL NUTSIN RESIDENCE OF DECEDENT	,			OR LOCATION OF DE	EATH	9c.	COUNTY OF D	timore		
DIRECTOR	10s. STATE 10b. COUNTY	Y	10c. CITY, TOWN OR LOCATION						10d, INSIDE CITY LIMITS?		
	Maryland 100. STREET AND NUMBER	n/a		Baltir	nore or. ZIP CODE		100	g. CITIZEN OF	1 XYES 2 NO		
FUNERAL	3838 Roland Avenu	-	101150	12 440 05	21211				USA		
8	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2- IF YES, GIVE WAR OR DATES	NO NO	If yes, a	CENDENT OF HISPAH pecify Cuben, Mexica S 2 NO Specifi	an, Puerto Rican, a	ify Yes or N	14. RAC Blac Spec	E — American Indian, ck, White, atc. City: White		
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 Homemaker At Home 18. MOTHER'S NAME (First, Middle, Last) 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Homemaker At Home 18. MOTHER'S NAME (First, Middle, Melden Surname)											
BE CON	17. FATHER'S NAME (First, Middle, Last) Jesse T. Stone:	r			18. MOTHER'S NA	AME (First, Middle, I		sme)			
TO B	196. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number. City or Town, State, Zip Code) Mrs. Karen M. Leakins-Medairos 1374 Gretel Lane Mountain View Ca. 94040										
	20s. METHOD OF DISPOSITION 1										
	21. BIGHATURE OF FUNEDAL BERVICE LA	Lawk		Rucl	nd addréss of fa k Towson) York Ro	Funeral 1. Towso	Home	e, Inc.	2		
	23. PART I. Enter the diseases ahock, or heert feiture. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Due To (or As A Cor	asular	r Acci		ch as cardiac or	reapirato	ry arrest,	Approximata interval Between Onset and Daeth		
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A COP C. DUE TO (OR AS A COP d.									
MEDICAL CE	PART II. Other significent condition		not resulting	in the underlyle	ng cause given in	P	VAS AN AUTO ERFORMED YES 2 12)?	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
	DID TOBACCO USE CONT			TES NO [IN 🕑			7		
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatier		OTHER	me 5 🗆 Reeldence	6 Other (Spec	ify)	-			
PH	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TII		JURY AT ORK?	28d. DESCRIBE	HOW INJUR	RY OCCURED			

ı			. city stroy	
	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	□ DOA 4 1 Nu	RT: Insing Home 5 - Reeldence	6 Other (Specify)
	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCCURED

5 Pending Investigation 28s. PLACE OF INJURY — Al home, ferm, atreet, lectory, office building, etc. (Specify) 8 Could not be datermined

281. LOCATION (Street and Number or Rural Route Number City or Town, State)

29s. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To this best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as attated. MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.

296. SIGNATURE AND TITUE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

8 5 96 29c. LICENSE NUMBER

D43420

JOSEPH	SNIADACH DO	7600	Osler Dr.	Sufe	315	Towson MD	21204
DATE FILED (Month, Day, Year)	32 MICHTRAD'S GONATHDE	•					-

AUG1 41996

1 Natural

2 Accident

3 Suicide

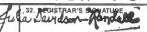
4 Homicide

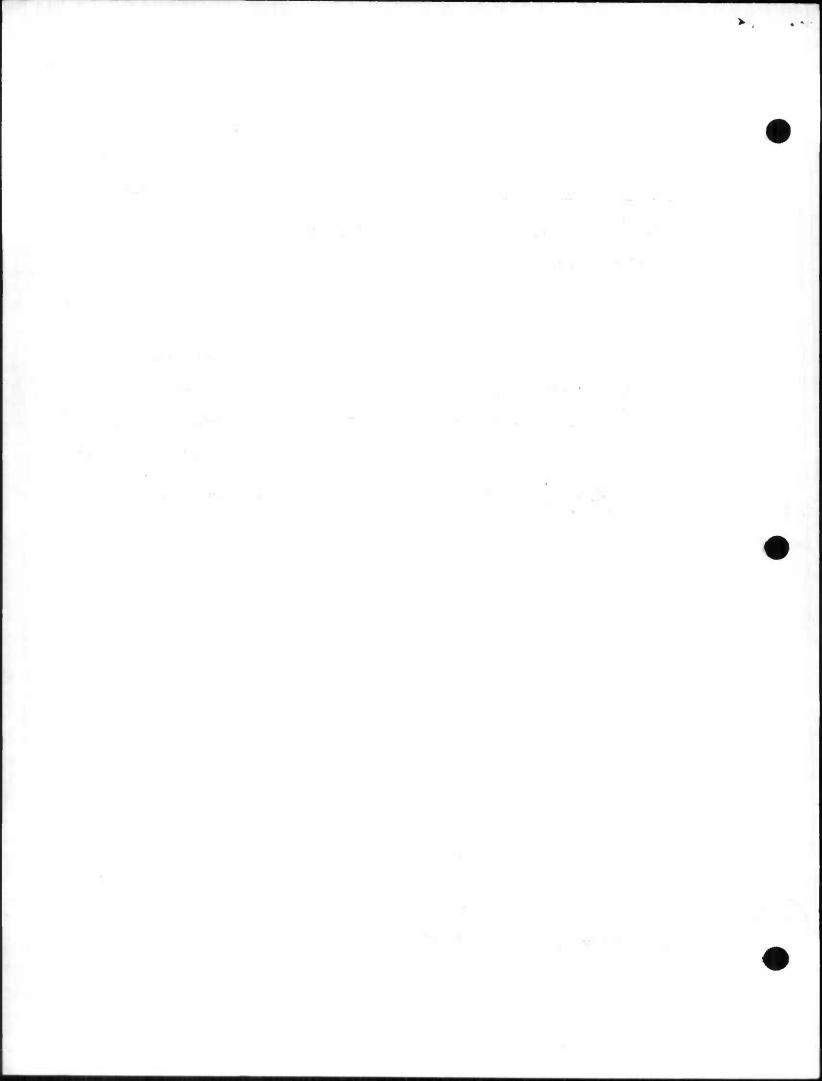
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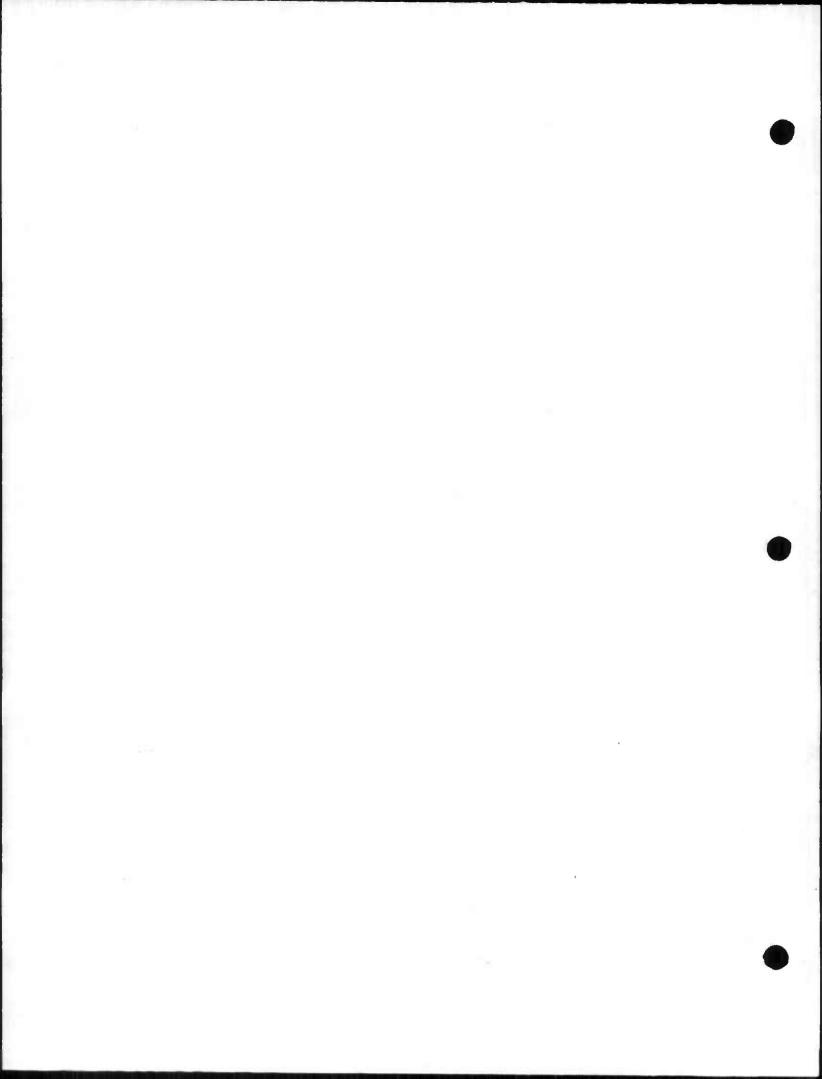


MBALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

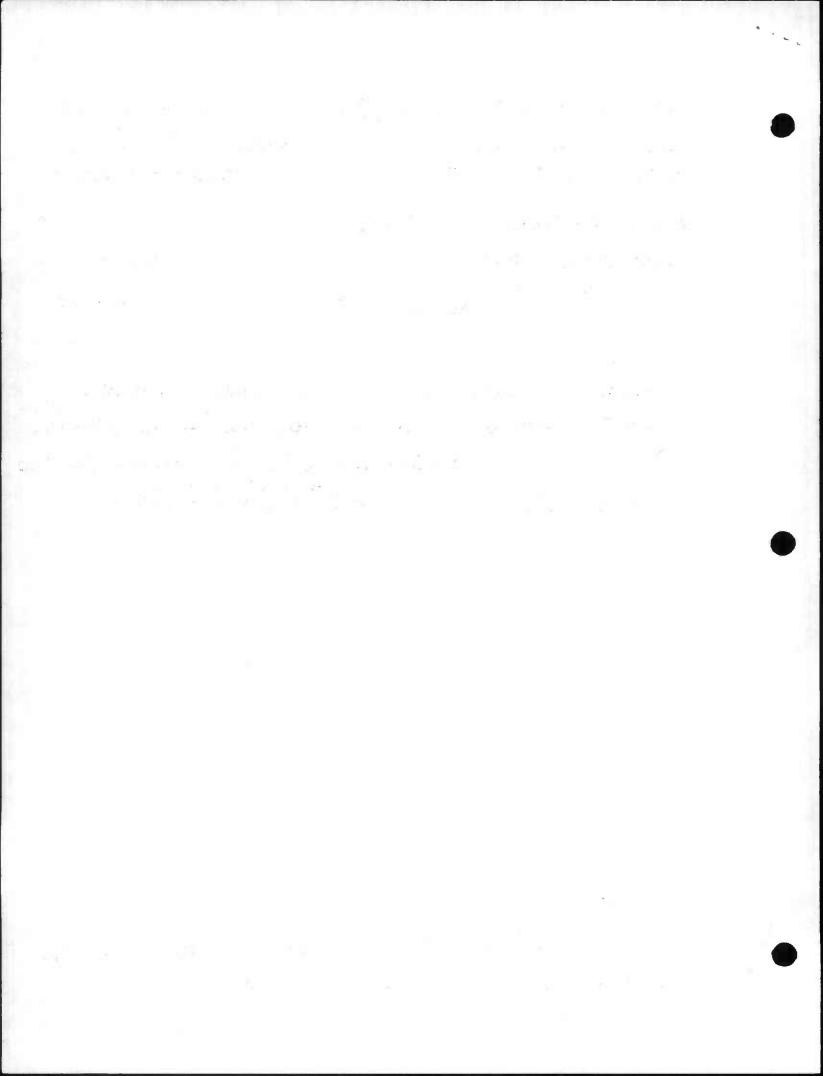
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYL REGISTRAR		NT OF HEALTH AND N	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		, TIME OF DEATH
	EDWARD LAN			Aughest 8	1996	2:00 A M
	215-09-1664 1XIM2 OF 8	(In yrs. last birthday) IF UN YRS. MONTH	IDER 1 YEAR FUNDER 24 HRS. HE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Country)	S. C.
OR	Deaton Hedical Center Deaton Medical Center	9b. (Satty, town or location of de	ATH	NA-	TH
딦	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	10c. CITY, TOY	/N OR LOCATION			Od. INSIDE CITY
DIRECTOR	Md NA	Balti	more		1	YES 2 NO
FUNERAL	290 8 Presstman Street		101. ZIP CODE 2/2/6		10g. CITIZEN OF WH	
5	11. MARITAL STATUS 12. WAS DECEDENT EVER I FORCES? 1 YES	N U.S. ARMED	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexican		or No — 14. RACE - Black,	– American Indian, White, etc.
BY	1 Never Married 2 Married 3 Mildowed 4 Divorced IF YES, GIVE WAR OR D		1 TES 2 NO Specify		Specify:	Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUA (Give kind of work of life. Do NOT use retin	one during most of working	166, KIND OF BUS		,
PE	Elementary/Secondary (0-12) 12th grade NA NA	Superinde	0 -4-	Bethler	nem Ster	e1
OM	17. FATHER'S NAME (First, Middle, Last)	-	16. MOTHER'S NAI	ME (First, Middle, Malden	Sumame)	
BE	Unknown			cnown		
2	Anthony hane	2908	AESS (Street and Number or Piural F AESS than S	noute Number, City or Town	Baltmor	e, 4d 21216
	20e. METHOD OF DISPOSITION 1 V Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	b. PLACE AND DATE OF DIS pelery, crematory or other place 000000000000000000000000000000000000	POSITION (Name of lice) (emetery	0ATE 200 LOG 8/13/96 Pa	CATION - City or Tow	n, Stata Mul
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	0001.005.	HAME AND ADDRESS OF FAI	OH ITY		2/2/5
	+ Glady War	Can	4300 Wa	bush Au	enue Bo	e Hu, red
	23. PART I. Enter the diseases, of complications that ceuse about, or heart fallure. List only one cause on a	each ilne.			ratory arrest,	Approximate Interval Batween
	immediate cause (Final disease or condition resulting in death)	1y ocondial	cardial in	forceron	suspede	Onset and Death 5 MALES
		A CONSEQUENCE OF):				10423
NO.	Sequentially list conditions, Due to (OR AS	A CONSEQUENCE OF):				1
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	cubihes vie	us.			142
E	CAUSE (Disease or injury that initiated events resulting in death) LAST	A CONSEQUENCE OF):				
5	d.					
AL	PART II. Other aignificant conditions contributing to death	but not resulting in the	underlying cause given in	Part I. 24s. WAS AN PERFOR	IMED?	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC				1 YES 2	Dio	OF DEATH?
<u>~</u>	DID TOBACCO USE CONTRIBUTE TO CAUSE O	OF DEATH YES	NO UNCERTAIN	V O		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE OF DEATH (C)	eck only one) HER:			
YSI	1 VES 2 THO 1 Monpettent 2 ER/Out	tpatient 3 DOA 4 D	Nursing Home 5 - Residence			
ВУ РН	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28b. TIME OF INJURY	28c, INJURY AT WORK? 1 YES 2 NO	28d. OESCRIBE HOW II	NJURY OCCURED	
COMPLETED B		Y — At home, farm, street, scify)	factory, offica	281. LOCATION (Street a City or Town, State)	and Number or Rural Ro	ute Number,
PE	29e. CERTIFIER (Check only (Check only CERTIFYING PHYSICIAN: To the best of my known	wledge, death occurred at	the time, date and place, and dua	to the cause(a) and mar	nner ee stated.	
NO.	one) 2 MEDICAL EXAMINER: On the beels of examinet	on and/or investigation, in	my opinion, death occured at the	time, data and place, an	d due to the cause(a)	and manner as stated.
B	295. SIGNATURE AND TITLE OF CERTIFIER	=SMW)	29c. LICENSE NUI	MBER 174	29d. DATE SIONED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PASON WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Print,	611	194 5. Charle	st. h	eti nd.
			911	J. 4444	2 31. 0	/
	AUG 1 4 1996 22. REGISTRAR'S SIG	gandelle				



				State of Maryland		nt of Health Ite of Deal		Hygiene 3	6 24134
F			1. Decedent's Name (First, Middle, Last)				2. Date o		3. Time of Death
	Physici /Medi	cal	4a. Facility Name (If not institution, give		ico, S	R. 4b. City.	Town, or Location of D	11 720	PB BA.M.
_	Examir Funeral Director	ner	3318 W000510 5. Social Security Number 6. Seo 315 34 5886 18	E AVE.	st birthday) If Und Months	PAR If Und	Kville	Birth Day, Year)	9. Birthplace (State or Foreign Country) ARYLAND
	dand dand		Usual Residence of Decedent 10a. State 10b. County	10c. City,	Town or Location			*	10d. Inside City Limits
	ter death with the Merylan frems 23s or 28s-1 show insermant be notified at	Director	MARYLAND BALTIM	ORZ PE	rekville				1 ☐ Yes 21 No
	with the		10e. Street and Number	\circ	10f. Z	ip Code		10g. Citizen of W	het Country?
	eath mag	Funeral	3318 W0005, 05	12. Was Decedent Ever In U.S	13 Was Dag	AL234	Origin? (Specify Yes o	No. 14 Bace	- American Indien,
020	9 9 5	by	1 Never Married 2 Merried 3 Widowed 4 Divorced	Armed Forces? ↑ Mayes 2 □ No If Yes, Give Year or Dates: KoRS	If Yes, sp	ecify Cuban, Mexi	can, Puerto Rican, etc.		k, White, etc.
2-0	natural',	eted	15. Decedent's Educ (Specify only highest grade	cation	16a. Decedent's Us	ork done dunna m	nost of working	16b. Kind of Bu	siness/Industry
121215-0020	d withir piene. r than	Completed	Elementary/Secondary (0-12)	College (1-4or 5+)	Machil	use retined)		Belfor	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Maryland	2 9 0 2	Be c	17. Fether's Neme (First, Middle, Last)	1.000		18. Mo	ther's Name (First, Mi	ddle, Meiden Surneme	1)
ary	2 should and Men is marke	٦ ح	19a. Informent's Neme/Relationship (Ty)	Loronic De, Print)		ss (Street end Nur	IA COALI	imber, City or Town,	State, Zip Code) 21234
	1 and 2. Health a em 27 is other trau		CLARA A. Lomo	osio	1 .	000510	I AVI	PARKVILL	E. MARVLAM
Baltimore,			20a. Method of Disposition ⇒© Burial 2 □ Cremation 3 □ R	20b. Pla	ce of Disposition (Nametery, cremetory or	ome of other place)	AUG. I	7 20c. Location -	City or Town, State
ᆵ	arment contains if		4 ☐ Donation 5 ☐ Other (Specify)	PAI	3KW000	Lines	dpp1 1996	MARKY	The MARY LAND
Ba	Depa Impo any is		21. Signature of Funeral Service Licenses		22. Name (1 V A O 8 8 0 (Address of Fa	120 = M20	MORILLY.	-11-
			23a. Part1. Enter the disease, or compli- shock, or heart failure. List only on	cations that caused the death. e cause on eech line.					Approximete Interval Between
	Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in death) a	Metastatic Due to (or:	appendi as e consequence of	ical gob	let cell co	reshoma	Onset and Deeth
	nsit	Examiner	6 b		9				
o,	cate be executed physician and the burial-transit	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	Due to (or a	as a consequence of):			
68760,	cate be ex physician the buria	dical	Cause (Disease or Injury thet initiated events resulting in death) Last	Due to (or a	is a consequence of	:			
	5 0 8								
Вох	death certifi e attending id for use as	iclan	Don't I. Other standifferent conditions	- Anna Anna Anna Anna Anna Anna Anna Ann	400 1 40 10 10 10 10 10 10 10 10 10 10 10 10 10				
<u>Р</u> О	by the	Physician/M	Part II. Other significant conditions con	ributing to death but not result	ing in the underlying	cause given in Pe		1	tributs to the cause of death? 3 Probably 4 Unknown
Ś		ру Р						2410	
Record	aw requir 1s been s 2 should	Completed						Vas an autopsy erformed?	24b. Were autopsy findings available prior to completion of cause of deeth?
_	The ate h	Con						□Yes 28No	1 ☐ Yes 2 ☐ No
Vita	Physician: The this certificate ral director, pag	o Be	25. Was case referred to medical examiner?	ospitel:		Other	ace of Death (Check o		
o	F F F	-	1 ☐ Yes 25 No 27. Manner of Death	28e. Dete of Injury 2	R/Outpetient 3 C	28c. Injury at Work?	Nursing Home 5 14 I	Residence 6 Other	
0	Attending F ir death. ector: After by the funer	atio	Natural 5 Pending 2 Accident Investigation	(Month, Dey Year)	Injury M	Work? 1 ☐ Yes 2	□No		
Division	2554	ertification:	3 Suicide 6 Could not be determined	28e. Place of Injury - At hom building, etc. (Specify)	ne, farm, street, facto	ry, office		on (Street end Numbe Town, Stete)	er or Rural Route Number,
_	Hespital 24 hours a Funeral D etaly filled	edical C	29a. Certifier (Check only one) Certifying Phye	ician: To the best of my knowler: On the basis of examinetion and menner stated,	edge, death occurre n end/or investigatio	d at the time, date n, in my opinion, d	and piace, and due to leath occurred at the ti	the cause(s) and mar me, date and place, e	ner es steted. nd due to the cause(s)
(0 0 0 0 d	Me	29b. Signeture end title of certifier	001	29	c. License numbe	or	29d. Date signed	(Month, Dey, Year)
,			Van	el May, Mo		D165	87	Aubus	T12 199L
	15		30. Name and eddress of person who con						
	Sta	te	OR CAUL CHA: 31. Dete flied (Month, Day, Year)	82 Registrar's Signatu		AVIN (3LVO.	· · · · · · · · · · · · · · · · · · ·	
	Registr		AUG 1 4 1996	July Davidson	Porposes				



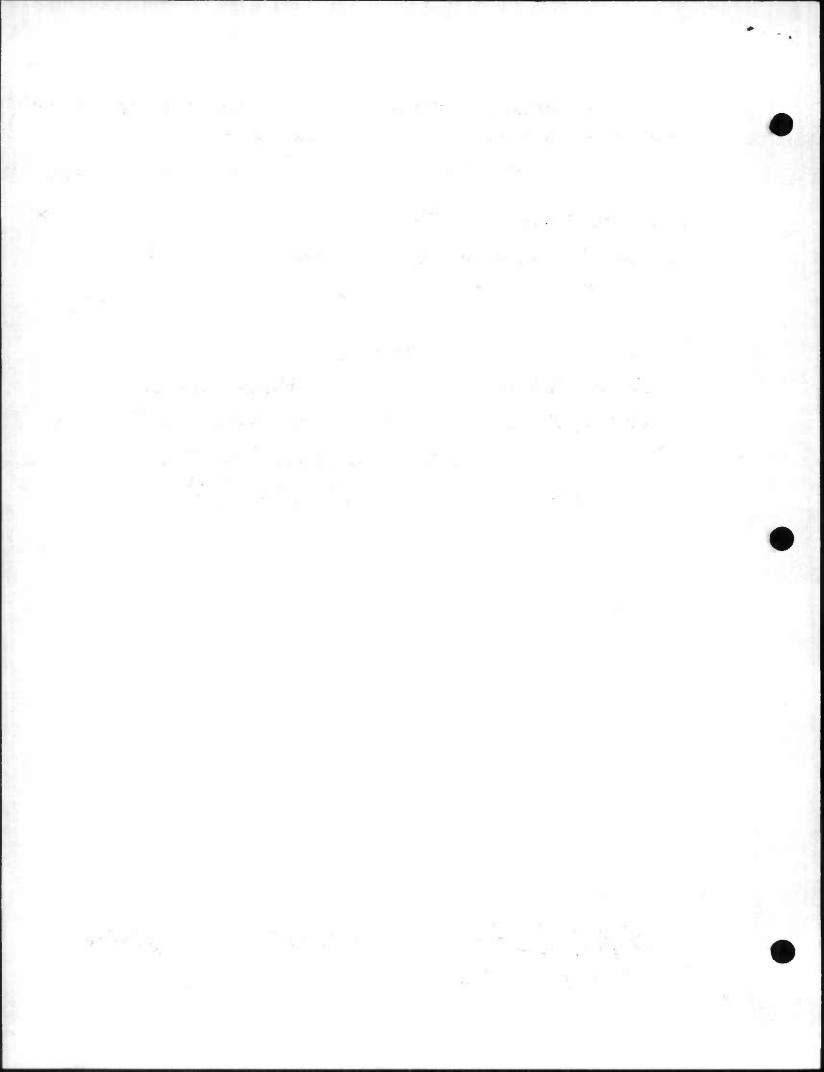
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTMEN CERTIFICAT			MENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Las	()				2. DATE OF DEATH		3. TIME OF DEATH	
	MARGARET (PARY	LUBBEHUSEN			August "	7 199	6 925 AH	
- 1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday) IF UND	ER ! YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		HRTHPLACE (State or Foreign	
	219 15 4823 9a. FACILITY NAME (If not institution, give	1 M 2 F	YRS. MONTHS		HOURS MIN.		- 100	ARYLAND	
DIRECTOR	STELLA MAR	is Hospics			1022			Timore	
EG G	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	TY .	10c. CITY, TOWN	OR LOCAT	ON			10d. INSIDE CITY	
E	Marvian .		BALT	mof	2			LIMITS?	
	10e. STREET AND NUMBER		3181		ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
ERAL	3008 TARK	SIDE ORI	VE		21214		V	.A.Z.	
N N	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED 13			NIC ORIGIN? (Specify Yearn, Puerto Ricen, atc.)	or No 14. I	RACE — American Indian, Black, White, atc.	
84	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			2 NO Specify			Specify:	
9	15. DECEDENT'S E	DUCATION	16a. DECEDENT'S USUAL	OCCUPATIO	N .	16b. KIND OF BUS	INESC/INDUST	UMIIS	
	(Specify only highest gra	College (1-4 or 5+)	(Give kind of work don life. Do NOT use retired	e during mos	t of working	Tob. KIND OF BOO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
로	127RS.	College (1-4 of 5 +)	MARKETTO	12 -1	PPORT	QUPO	01 70	RPORATION	
COMPL	17. FATHER'S NAME (First, Middle, Last)	1				ME (First, Middle, Maiden			
BE C	LEDNARO	LUBBEHI	0225		MA	RGARET	- 501	hielmson	
2	19a. INFORMANT'S NAME (Type/Print)	D	19b. MAILING AODRE	SS (Street ar	nd Number or Rural i	Route Number, City or Tow	n, State, Zip Code	0) 27615	
-	VIRGINA G.	FOHEU	130915	BUSYA	HURST	DRIVE	KAT	5.6.H. n.c.	
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Re	imoval from State of	bb. PLACE AND DATE OF DISPO emetery, crematory or other place	OSITION (Na	ne of		CATION — City	A	
	4 Donation 5 Other (Specify) 21. BIGNATURE OF FUNERAL SERVICE				D ADDRESS OF FA	8-10 BA	-limon	U. MARYLAND	
	1000	17			SCHAR		ruo B	123	
	- Deark	YOURS !		3301		0RD 1806	10 -1	ARKVILLE	
ľ	23. PART I. Enter the diseases, o shock, or heart failure	e. List only one cause on	ed the death. Do not ente each line.	er the mo	ie of dylng, suc	h as cardlec or reapl	raiory errest,	Approximete Intervel Between	
	IMMEDIATE CAUSE (Final disesse or condition	SNICHA	GE LUNG	1.2	SEASE			Onset and Death	
	resulting in desth)	••	A CONSEQUENCE OF):	2	JEMJE			412.	
_		6.						9	
흔	Sequentially list conditions, if any, leading to immediate		A CONSEQUENCE OF):						
2	CAUSE (Disease or injury	c							
ERTIFICATION	that initiated avents resulting in desth) LAST	DUE TO (OR AS	A CONSEQUENCE OF):						
CER			-				-		
AL.	PART II. Other significant conditi	ons contributing to death	but not resulting in the	undariying	causa givan in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
EDIC	tho MYOCARD					1 TYES 2		COMPLETION OF CAUSE OF DEATH?	
ME	FAILURE; t	· C/3/000	ion to se					1 - YES 2 0 NO	
	DID TOBACCO USE CON	ITRIBUTE TO CAUSE			UNCERTAIL	N 🗆 📗			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (Chec	ER:					
¥ ¥	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Ou		28c. INJ		6 X Other (Specify) H		70	
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WO 1 Y	RK?	280. DESCRIBE HOW I	NJUNY OCCURE		
84	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUR	RY — At home, farm, streef, fa			281. LOCATION (Street a	and Number or R	ural Route Number,	
	4 Homicide determined		ecrity)			City or Town, State)			
٦	29a. CERTIFIER 1 CERTIFYING PH	YSICIAN: To the best of my kno	wiedge, death occurred at the	time, date	and place, and due	to the cause(s) and mar	ner as stated.		
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
	296. SIGNATURE AND TITLE OF CENTUR	HER O			29c. LICENSE NUI	MBER	29d. DATE SIG	INED (Month, Day, Year)	
BE	Kodallk	1-aule	ulus		D26	643	N 8/	7/96	
임	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type, Print)				,	,	
	DR. KENDALL F			Y VA	LLEY RI	O., TOWSO	N, MD	21204	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	ENATURE						
	AUG 14 1996	- a suids	- Randall						
		•	•					DHMH-16 Rev 1/89	



State of Maryland / Department of Health and Mental Hygiene 96 21156

				Certificate of Death	F	leg. No.	0 29100
	Dhusia	ion	Decedant's Nama (First, Middla, Last)		2. Data of Dea Month	_	3. Time if Deeth
	Physic /Medi			shure	AUGUST	9	96 09:25 AM
7	Exami	ner	4e. Facility Nama <i>(If not Institution, giv</i> a st <i>reet and number)</i> Union Memorial Hospital		wn, or Location of Death more City	4c. County	of Death
(3)	Funeral Director		5. Social Security Number 3.18 - 22 - 4900 Usual Rasidance of Dacedant	t birthdey) If Under 1 Year If Under 1 Yrs. Months Deys Hours	Min. 8. Data of Birth (Month, Day)	(Year) 1921	9. Birthplece (Stata or Foreign Country) ARYLAND
	death with the Meryland ms 23a or 28a-f ehow frmust be notified at	_		Town or Location			10d. Inside City Limits
	Ba-f	Funeral Director		nozwo			1 ☐ Yas 2 R No
	with the part of t	吉	10e. Street and Number	10f. Zip Code	'	log. Citizen of \	Vhat Country?
	leath w	eral	305 SAST JOPPA KOAD APT. 11. Maritel Status 12. Was Decedent Ever in U,S.		nin? (Specify Yes or No-	14. Rec	e - American Indian,
0		F	Armed Forcas? 1 ☐ Nevar Married 2 Married 1 ☐ Yas 2 No	13. Was Decedant of Hispanic Original If Yes, specify Cuben, Maxican	, Puerto Rican, atc.)	Bied	ck, White, etc.
00		1 by	3 ☐ Widowed 4 ☐ Divorced If Yas, Give Year or Datas:	1 ☐ Yas 25 No Specify:		Specify	311KW "
21215-0020	72 hours	Completed	15. Decedant's Education (Specify only highest grade completed)	16a. Decedant's Usuel Occupation (Give kind of work done during most lifa. DO NOT use retired)	of working	16b. Kind of B	usiness/Industry
12	d within piene. r than "	dmc	Elementery/Secondary (0-12) Collega (1-4or 5+)			Hans	EWIFE
	be filed htal Hygi d other event, t	Be Co	17. Fathar's Name (First, Middla, Last)	1101	r's Nama (First, Middla,		
lan	should be and Mental marked or umatic eve	ToB	DHRUI REMAL	Pe	SOLY DS	VILBIS	7
Maryland	0 0 0		19e. Informant's Name/Ralationship (Type, Print)	19b. Mailing Address (Street and Number	or or Rural Routa Numbe	r, City or Town,	State, Zip Code) 21286
	D = V =		JOSEPH F. LEISHURE	305 EAST JOPPA!	70A 0405	303 1	SALERAM, nozwo
Jor	5 7 2 0		Last buriar 2 Literametron 3 Lihamover from Stata	e of Disposition (Nama of atary, cramatory or other place)	AUm-L3		City or Town, Stata
Saltimore,	Department of mportant: If any Injury or ance.		4 Donetion 5 Other (Specify)	ANY VALLY STOR			nt 1,14 GATOW
Ba	permit. P Departm Importar any Injur			LEGAHO CHAPEL	OE LIFEWOKI	2	
			23a. Pert1. Entar the disease, or complications that caused the death. shock, or heart feilure. List only one cause on each line.	8800 HARFORD	1 KOAO - ME	RKVILL	Approximete
	Physician						Interval Between Onset and Death
7	/Medical	П	Immediata Causa (Final diseasa or condition	lingenre Shi	elc		84-5
£	Examiner	Į	rasoning it sautity	s a consequenca of):			7
-	per sit	nlne	U.	7	disean	~) years
·,	death certificate be executed e ettending physician end of for use es the buriel-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disaase or Injury that initiated events	s a consequênce of): itual insth.			10 years
68760,	te be ysicia ne bur		Cause (Disaase or Injury that initiated events Dua to (or a	s a consequenca of):	cancy		, , , , ,
	ng ph	Medical	rasulting in deeth) Last				i i
Box	ath ce ttendi	lan	d				
	the e	Physiclan/	Pert II. Other significant conditions contributing to death but not resulti	ng in the undarlying causa given in Part i.	23b. Did to	obacco use co	ntribute to the cause of death?
P.0	thet the ed by detac	P.	Perpla Vasc	- la disease	101	'ee 2□ No	3 Probably 4 Unknown
Records,	law requires thet the death certific les been signed by the ettending p ? 2 should be detached for use es	Completed by	Peopled Vasco		24a. Wes a		24b. Wara sutopsy findings available prior to completion of cause of death?
R	The la	mo	, .		nerv	as 2□No	1 Yas 2□ No
ita	iclan: The lav certificate hes rector, page 2	BeC	25. Was case referred to medical examinar?	26. Placa	of Death (Check only or	10)	7
of V	Physician: this certific	မ	1 ☐ Yas 2 ☐ No Hospital: Inpatient 2 ☐ EF		rsing Home 5 Resid		
Division of Vital	Ing P	ion:	1 Natural 5 Pending (Month, Day Year)	Bb. Tima of 28c. Injury at Work? M 1 ☐ Yas 2 ☐ I	28d. Describe h	ow injury occur	red
isic	or Attending I after death. Director: After I in by the funer	ficat	2 Accident investigation 3 Suicida 6 Could not be 28a Place of Injury - At hom			traet and Numb	er or Rural Routa Number.
Di	pital or Attending Physician: The lav form after death. The The County of the County o	Certification:	determined 4 Homicide 4 Homicide 4 Homicide	s, tarri, straat, taotory, ornos	City or Tow		or or riard rissau riamos,
	Hospital 24 hours Funaral rietely filled	edical C	29a. Certifier (Check only one) 1 Certifying Phyalcien: To the best of my knowle and mannar stated.	odga, daath occurred at the time, deta end o end/or invastigation, In my opinion, daat	d place, and dua to that th occurred at tha tima, o	ausa(s) and ma ata and place,	nnar es stated. and dua to the cause(s)
	A A A	Me	29b. Signature aggritte af certifies	29c. License number		9d. Dete signa	Month, Day, Year)
	1		(KICI)a	MD 5893		81	9/96
^	6		30. Neme and addrass of person who complated causa of death (Item 2				
			31. Deta filed (Month, Day, Year) 32. Registrar's Signetur	union Bemor	PLAN HOSP	IALI	
	Sta Registr		AUG 1 4 1996	Randella			
	-3		AUG 1 4 1990				



PRYSICION ARTHUR SAINT JOSEPH MEDICAL CENTER SOLUTION SOL						State of I	<i>l</i> arylan		partment o	of Health and	Mental Hy		6	241	57
ARTHUR Examinion Examinion A. City, Town, or Location of Datable SAINT JOSEPH MEDICAL CRYTER TOWSON, MARYLAND BALTHORE SOURCE SAINT SAINT SOURCE SAINT SAINT SOURCE SAINT SAINT SOURCE SAINT SAI				1. Decedent's Neme	e (First, Middle, I	.ast)			Crimoato	OI DOUIII				3. Tima	of Death
46. Facility Name of their installation, plas served and numbers of SATINT JOSEPH MEDICAL CENTER SATINT JOSEPH MEDICAL CENTER SATINT JOSEPH MEDICAL CENTER SOME SATINT JOSEPH MEDICAL CENTER				ARTHUR	225	RGS		LI	NZ					6:15	АМ
S. Sould Security Number S. Sould Security N				4a. Facility Name (If			or)			4b. City, Town,				0.13	7111
Discotor Discotor			Ш												
The Street and All Proposed Property and Control Pr		Director		220071	1088				Months D		in. (Month, D	rth ay, Year) 1919	9. Birth	pleca (State ntry)	or Foreign
196. Molling Address (Street and Number or Rural Route Number, City or Town, Steles, 25 Code) 10.24 10.25 10.2		ylend how		10e. Stete	10b. County		10c. Cit	y, Town or	Location					10d. Insida	City Limits
196. Molling Address (Street and Number or Rural Route Number, City or Town, Steles, 25 Code) 10.24 10.25 10.2		Ba-f s	ctor	MARYLAND	BALTI	more	H	ark	alli					1 □ Ye	s ZX No
196. Molling Address (Street and Number or Rural Route Number, City or Town, Steles, 25 Code) 10.24 10.25 10.2		with th	Dire						10f. Zip Co	ode		10g. Citizen of	What Cou	ntry?	
196. Molling Address (Street and Number or Rural Route Number, City or Town, Steles, 25 Code) 10.24 10.25 10.2		eath is 23	erai		177652		nt Ever in II	e 1	3 Was Dacadan	1234	/Specify Vec or N) /.	S.A.	cen Indien	
196. Molling Address (Street and Number or Rural Route Number, City or Town, Steles, 25 Code) 10.24 10.25 10.2	020	irs efter d F, or Item Trammer		1 Never Marrie		Armed Force	s?] No		If Yas, specify	Cuban, Mexican, Pu	arto Rican, atc.)	Bla	ck, White,		
196. Molling Address (Street and Number or Rural Route Number, City or Town, Steles, 25 Code) 10.24 10.25 10.2	Ö	2 hou	ted	(0	15. Decedent's	Education	W-W	16a. De	cedent's Usuel C	ccupation	C-110-1-11	16b. Kind of B	usinass/In	dustry	
196. Molling Address (Street and Number or Rural Route Number, City or Town, Steles, 25 Code) 10.24 10.25 10.2	2121	d within 2 giene. rr then "r	omple	Elementery/Secon	ndery (0-12)		r 5+)	Q'	DO NOT use r	etired)	vorking	Chin	L. M	IARTI	0 60.
196. Molling Address (Street and Number or Rural Route Number, City or Town, Steles, 25 Code) 10.24 10.25 10.2	2	al Hy d other	Be	17. Fathar's Neme (First, Middle, Las	st)				18. Mother's N	leme (First, Middle	a, Meiden Sumen	ne)		
200. Mendo of Disposition 1 Duris 220 Carendon 3 Demonstrate 220 Exercises 220 Duris Duris	Z a	Meni	To			ring				MAG	W KAIS	SIR			
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Sequenties Seq	¥	Physician		23a. Pert1. Enter th shock, or heer	e disease, or controlled the disease, or control	mplications that caus y one ceuse on eech	ed the deet line.	n. Do not	enter the mode o	f dylng, such es card	liec or respiretory	arrest,		Interval Bo	etween
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Described and personal persona	o	e execute lan and unel-trans	Exam	Sequentially list con if any, leading to im- cause. Entar Under	iditions, mediete rtying	U .	Due to (o	ras e con	sequence of):			,			
29b. Did tobacco use contributs to the cause of death? 1	Õ	tificate by ng physici as the bi	40	thet initieted events		c	Due to (or es a consequenca of):								
29b. Did tobacco use contributs to the cause of death? 1	Š	th cell tendir or use	an			d				-			1		
24a. Wes an eutopsy performed? 24b. Were an eutopsy indings available prior to completion of cause of death? 1 Yas 2 No	О	OOX		Pert II. Other signific	cant conditions	contributing to death	but not resu	ulting In the	underlying caus	e given in Pert i.					
25. Wes case referred to medical examinar? 1 Yes 2 No	cords	requi	eleted by								24a. Wee	s an eutopsy ormed?	av	alleble prior	rto
25. Wes case referred to medical examinar? 1 Yes 2 No	r	0 5 %	ошо								10	Vec 2 No		~-	- No
1 Yes 22 No	<u> </u>	an: T rifical stor, p	0		ed to medical					26. Plece of D					3140
2 Accident 3 Suicide 4 Homicide 28e. Place of Injury - At home, farm, street, factory, office 28f. Location (Streef and Number or Rural Routa Number, City or Town, State) 28g. Certifier 29a.	>	nysici lis ce l'direc			٧o	Hospitel: 1 Sinpa	tient 2 🗆	ER/Outpat	lent 3□ DOA	Other			er (Speci	(y)	
29a. Certifier (Check only one) 29a. C	o uo	Ading Pt ath. r: Atlar the ne funera		1 Neturei	5 Pending	(Month, E	jury ley Year)				28d. Describe	how injury occur	red		
29a. Certifier (Check only one) 29a. C		al Directo	Certific		6 Could not determine	d 289. Piece of I			street, factory, of	fica			per or Run	Il Routa Nu	m <i>ber</i> ,
29b. Signifium and title of certifier. 29c. License number 29d. Dete signed (Month, Dey, Year)	-	M 24 hours		(Check only	t⊠ Certifying P 2 Medical Exa	miner: On the basis	of exeminet	vledge, de ion end/or	ath occurred et ti Investigetion, in	ne time, date end pie my opinion, deeth oc	ce, and due to the curred et the time,	cause(s) and me date and plece,	enner as s	tated.	(s)
D36814 AUGUST 13, 1996		To the To the comp		29b. Signifium and to	itle of certifier	11/1	110	22							

State Registrar

AUG 14 1996

RICHARD L. HUSLIG, M.D., 7620 YORK ROAD TOWSON, MARYLAND 21204

31. Dete filed (Month, Dey, Year)

32. Redistre's Paneture

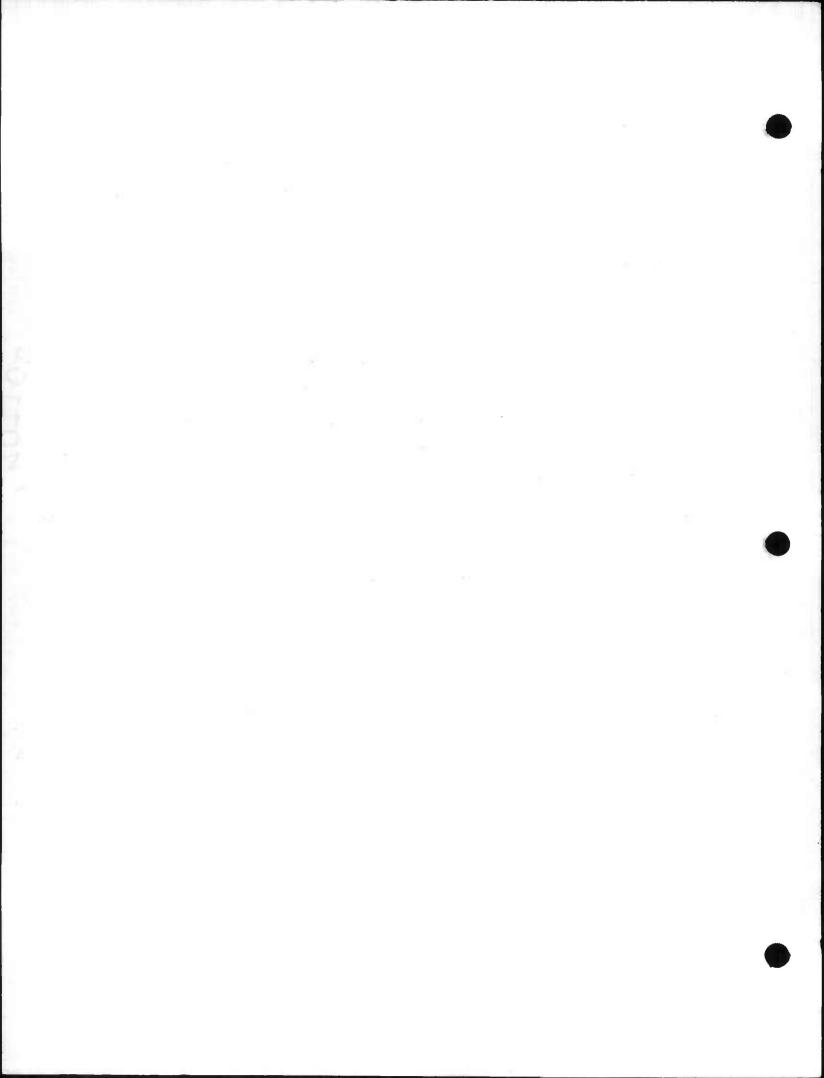
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15 IVA

FOR STATE REGISTRAR

		Joel S. Lacey							MONTH	DA		PAR S.	11:20 AM	
	15	4. SOCIAL SECURITY NUMBER	5. SEX (6. AGE (In yrs	s. last birthday)	IF UNDER 1 Y	_	IF UNDER 24 HRS.	7. DATE OF	BIRTH	8	BIRTHPL A	ACF (State or Foreign	
-		218-26-4916	1 📉 M 2 🗆 F	64	YRS.	MONTHS D	AYS	HOURS MIN.	OCT.	22,1	931 M	lary	land	
pinous		9a. FACILITY NAME (If not institution, give s						LOCATION OF D	EATH		9c. COUNTY			
2, 3	CTOR	Union Memorial	Hospital			Bal	tin	ore Cit	-Y			N/A		
Jes 1,	шп	10a. STATE 10b. COUNTY	r		10c. CIT	Y, TOWN OR L	OCATIO	ON				10	d. INSIDE CITY	
permit. Pages			timore C	ount	y An	nesli	·						LIMITS?	
nsit per	FUNERAL	100. STREET AND NUMBER 534 Anneslie Ro	oad				101.	2121	2			10g. CITIZEN OF WHAT COUNTRY?		
15-0020 ending physician. as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Merried 2 N Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 1 IF YES, GIVE WA 1956-19	EVER IN U.S YES 2 IR OR DATES	. ARMED	If ye	a, spec	NDENT OF HISPA city Cuben, Mexic 2 X NO Speci	NIC ORIGIN?	(Specify Yea en, etc.)		RACE Black, W Specify:	American Indian, filte, atc.	
	ED	15. DECEDENT'S EDU	CATION		. DECEDENT'S	DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS						White		
212	Li	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)		(Give kind of life, Do NOT u	work done duri	ng mos	t of working						
Spital ospital	COMPL		4		ebabilit	ation S	bec	ialist	Sta	te Gove	emment	Bure	aucracy	
AND the hospit detached once.	Ö	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S N			,			
AARYLAND 212: stained by the hospital or att should be detached for use	BE		асеу					Gertr					riva	
2 - 2	2	Mrs. Joan Lace	y/Wife					Number or Rural					land 2121	
ALTIMORE, leath. Page 6 may be funeral director, page	1	20s METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Rem		20b. PLA	CE AND DATE	OF DISPOSITIO	ON (Nan	ne of	DATE	20c. LO	CATION City	or Town,	, State	
Page 6 may all director, page ner must b		4 Donation 5 Other (Specify)		Oal	k Law			ery		Bal	timor	e,	Maryland	
MBALTIMOR strain that the funeral director, premoval.		21. SIGNATURE OF FORENAL SERVICE DI	2			M	itc	hell-W	Viede:					
4 0 0	_	Johnoro	4			65	500	York	Rd.	Balti	imore	, MI	21212	
A hour A hour on, or me		PART. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Due to					ia of dying, su	ch as cardla	ic or respi	ratory arrest	•	Approximate interval Between Onset and Death	
P.O. BOX 6876t h certificate be executed within 2 noting physician and completely Hygiene prior to burial, crematic or other traumatic event, it	ERTIFICATION	Sequantially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury	b. A 5 01	OR AS A COL	NSEQUÊNCE O	15): 1641 16):	PNI	h's					3 days	
	CERTIFI	that initisted syants resulting in death) LAST	DUE TO (0	NSEQUENCE O	F):									
ORDS, that the dea bed by the att th and Menta any Injury.	. 1	PART II. Other significant condition		death but n	not resulting	in the unde	riying	cause given in	n Part I.	24a. WAS AN PERFOR			ERE AUTOPSY FINDINGS	
	MEDICAL	DM, CHT,	CAD							1 TYES 2		DF	OMPLETION OF CAUSE F DEATH?	
St. of Peer and Peer		DID TOBACCO USE CONT	RIBUTE TO CAI	USE OF D	DEATH Y	ES NO		UNCERTA	IN 🗷			''	YES 2 NO	
F VITAL I SICIAN: The law certificate has b th the State Dept. d, or item 23	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	1100001711	28. 1	PLACE OF DEA		y one)							
VIAN: DIAN: Priffication of the Sta	YSIC	t VES 2 NO	HOSPITAL:	ER/Outpatier	nt 3 🗆 DOA	OTHER:	g Home	5 🗆 Raeldenca	8 🗆 Other	(Specify)				
O 注意 3	у РН	27. MANNER OF DEATH 1. Netural 5 Pending	28e. DATE OF I (Month, Day		28b. TII	JURY	C. INJU WOF	IRY AT RK? ES 2 NO	28d. DESC	RIBE HOW I	NJURY OCCUR	IED		
TISIC NTTENDI CTOR: A after d 28 Is	TED B	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28e. PLACE OF building, a	FINJURY — / ntc. (Specify)	At home, ferm,				281, LOCAT City or	TON (Street a Town, State)	and Number or	Rural Rout	te Number,	
₹ ₹ R =	OMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINI	ER: On the beat of ex										nd manner as stated.	
TO THE HOSPI TO THE FUNER THE WITHIN	O BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	m Ke	uncy	Do)		29c. LICENSE NO	J 8 9	46	29d. DATE S	IGNED (M	Jonth, Day, Year)	
JA)	F	30. NAME AND ADDRESS OF PERSON WITH	HO COMPLETED CAUS	The	(ITEM 27) (Type	e, Print)	1	seita	201	E. ()	auem	H	PKIN	
		31. DATE FILED (Month, Day, Year) ALIG 14 1996	32. ANGISTRAF	R'S SIGNATU	RE Handal	2		1				1	7	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



State of Maryland / Department of Health and Mental Hygiene

			State of IV	iai yiaii		ertificate				Reg.		96	24159	
Physicia /Medica	_	Decedent's Name (First, Middle, Vincent	Samuel	Mosc	a				2. Dete of I Month August		Day 19	Year 96	3. Time of Deeth 2:00 A.M	
Examine	_	4e. Fecility Name (If not institution,	give street and number)				b. City, Town, or	Location of De		4c. County		2100 /111	
		8427 Old Harford 5. Sociel Security Number 6		. C	lest birthdaj	y) If Undar		Parkvill if Under 24 Hr			Balti		(0)	
Funeral Director		216-12-8200 Usual Residence of Decedent	180 M 2□ F	72	Yrs.		Deys	Hours Mir		er 7	,1923	Mary I	ce (Stete or Foreig and	
yland		10e. Stete 10b. County		10c. Cit	y, Town or I	Locetion						10d	I. Inside City Limit	
Ba-f si	ctor	Maryland Baltimo	re	Par	kvill	е							1 ☐ Yes 2 🔯 N	
23a or 2	rai Dire	10e. Street and Number 8427 Old Harfor	d Road Ap	ot. C		10f. Zip 6								
permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If liter 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Exeminal must be notified at once. To De Commission Hygiene 1 and 1	Completed by Funeral Director	11. Marital Status 1 □ Nevar Married 2 ☑ Merried 3 □ Widowed 4 □ Divorced	12. Was Decedent Armed Forces; 1	?	S. 13	. Was Decede If Yes, speci		ispanic Origin? (i n, Mexicen, Pue Specify:	Specify Yas or I rto Ricen, etc.)	No-		ce - Amarican ck, White, etc y: Whi	S	
filed within 72 h. Hygiene. ther than "natu	ompletec	15. Decedent's (Specify only highest selementery/Secondery (0-12)	Education grade completed) College (1-4or	5+)	(Giv life.	edent's Usuel e kind of work DO NOT use Erviso	k done during most of working e retired)				16b. Kind of Business/Industry Construction			
d other	Be	17. Fether's Name (First, Middle, Le	•					18. Mother's Ne	me (First, Midd	le, Maio	len Sumen	ne)		
should be and Mental is marked o	2	Alphonso Mos 19e. Informent's Name/Reletionship			401.14		/0.		nine Fr			W// or Assess		
and 2 s saith an 27 is i		Mary Mosca/ Wif	and Number or R				21234	Apt. C						
Peges 1 and ment of Health ant: If item 27 ury or other tr		20e. Method of Disposition 1 X Burial 2 ☐ Cremetion 3 4 ☐ Donetion 5 ☐ Other (Spec		C	emetery, cri	emetory or oth	sition (Neme of netory or other place) Cemetery		Dete 8/16/96	Baltimore,				
permit. Peg Department Important: It any Injury o once.		21. Signeture of Funerel Service Lice Buch a. Wil	Gen Brian A.	Wille	m j	22. Name end		٠ ١	eonard J. Itimore,				e, Inc.	
Medical Systems of executed as the burial-transit as the burial-transit as the burial-transit as the burial Examiner.	Immediate Cause (Finel disease or condition resulting in deeth) Begun to (or es e consequence of): Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) est Due to (or es e consequence of): As bestosis Due to (or es e consequence of): Due to (or es a consequence of):										rase	111	ears.	
d by the attendin		Pert II. Other significant conditions				underlying cau	use give	on in Pert I.			co use co		ne cause of death	
ate hes been signe, page 2 should be d		Peripheral Va Peptic Ulce	Disease	e					24e. We per	s en eu formed	itopsy	evelle	eutopsy findings ble prior to letion of causa ath?	
									10] Yas	210 No	1 🗆 Y	′as 2□ No	
this certificate ral director, pag		25. Wes case referred to medicel exeminer?	Hospitel:				Othe	26. Plece of De						
After this tuneral di	- 1-	1 Yes 22No 27. Menner of Deeth 1 Netural 5 Pending investigeti	28e. Dete of Inju		28b. Time of Injury		c. Injury Work	or: 4 ☐ Nursing I et ?? res 2 ☐ No	28d. Describe					
our after death. The state of the state of	Certifica	2 Accident investigeti 3 Sulcide 6 Could not 4 Homicide determine	be on Direction	ury - At ho c. (Specify	me, farm, si			3 (1)	28f. Location City or T			per or Rural R	oute Number,	
Funer Funer stely till		29e. Certifier 1 Certifying P (Check only one) 2 Medical Exa	thystcian: To the best of the basis of end manner ste	exeminati	vledge, deer ion end/or Ir	th occurred et nvestigation, in	the tim	e, dete end plece inion, deeth occ	e, end due to the urred at the time	e ceuse o, dete e	(s) and ma and place,	and due to th	ed. e ceuse(s)	
To the	-	29b. Signature and title of certifier	Went	m				number 3494/		29d. Dete signed (Month, Day, Year) 8/13/96				
5		30. Name and address of person who	completed ceuse of d				Floo	r Baltim	ore. Marv	land	2123	9		
		Dr. Susan Weiner 31. Date filed (Month, Day, Year)	92 Registr		-			20.0111	,					

DHMH 16 Rev 6/95

A 1995

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Date of Daath 3. Tima of Death **Physician** Month Yaar Dorothea McKenna August 7:05 Pm 10 1496 /Medical 4a. Facility Nema (If not institution, giva streat and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Union Memorial Hospital Baltimore City N/A if Under 1 Yeer | if Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign Mary Land **Funeral** 1 M 2 F Months Days Hours 219-28-2579 64 Yrs Director Usual Residenca of Dacadant the Marylend 10a State 10b. County 10c. City, Town or Location 10d. insida City Limits 28a-f show tem 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examiner ovant to notified at Md. Director Baltimore 1 ☐ Yas 2 ☐ No Timonium 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 26 Edgemoor Road 21093 USA Funeral 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes 2 ☑ No If Yas, Giva Yaar or Datas: Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - American indien, Bleck, White, etc. 72 hours efter 1 □ Nevar Married 2 □ Married Baltimore, Maryland 21215-0020 1 □ Yas 2 No Specify: Specify: þ 3 Widowad 4 Divorced White Completed 15. Decedeni's Education 16a. Dacedent's Usuel Occupation 16b. Kind of Businass/Industry (Giva kind of work dona during most of working lifa. DO NOT usa retired) (Spacify only highest grada complated) filed within 7 Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) Customer Service Retail pemit. Peges 1 and 2 should be filed Department of Health and Mental Hygi. Important: if Item 27 is marked other any injury or other traumatic event 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Surname) Be Bernard Snitzer Florence 19b. Meiling Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 2957 Harbor Blvd. Oxnard, California 93035 19a. Informant's Name/Relationship (Type, Print) Steven M. McKenna / Son 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematery, cramatory or other place) 20c. Location - City or Town, Stete 1 D Burial 2 □ Cramation 3 □ Ramoval from State Bel Air, Md. Bel Air Memorial Garden 8-14-96 4 ☐ Donation 5 ☐ Othar (Spacify) 21. Signature of Funeral Sarvice Licenses 22. Nama and Address of Facility was n Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204 23e. Pert1. Entar tha disease, or complications that causad the death. Do not antar tha mode of dying, such as cardiac or raspiratory errest, shock, or haart failura. List only ona causa on aach lina. Approximate intervel Betwaan Onset and Death **Physician** /Medical Immedieta Causa (Finei disaasa or condition rasulting in deeth) Examiner Dua to (or as e consequance of): Examiner emia attending physician end for use es the burial-transit Sequantially list conditions, if any, laading to immediata causa. Entar Underlying Causa (Disaase or Injury that initiated avents rasulting in daath) Last Dua to (or as a consequence of): Records, P.O. Box 68760, horacoabdomina 8 Physician/Medical Dua to (or as a consequence of): Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? signed by to 3 Probably 4 Unknown 1 Yes 2 No þ 24b. Wara eutopsy findings aveileble prior to Completed 24a. Wes an autopsy performed? completion of cause of death? ate hes page 2 : 2 XNO 1 Yas 1 ☐ Yes 2 ☐ No certificate Division of Vital Be 25. Wes casa rafarrad to medical 26. Piace of Death (Check only ona) Hospital: Other: 4 ☐ Nursing Homa 5 ☐ Rasidance 6 ☐ Other (Specify) Vas 2□ No inpatient 2□ ER/Outpatient 3□ DOA Medical Certification: To 28e. Deta of injury (Month, Day Year) 27. Manger of Death 28d. Dascribe how injury occurred 28b. Tima of 28c. injury at Work? Attac Attending 1 Neturel 5 Panding death. 1 ☐ Yas 2 ☐ No 2 ☐ Accidant invastigation Director: 6 Could not be datarmined 28a. Place of Injury - At home, ferm, straat, factory, office building, atc. (Specify) 3 Suicide 281. Location (Street and Number or Rural Routa Number, City or Town, Stata) or A 4 Homicida hours 29a Cartifian 1 Certifying Phyelcian: To tha best of my knowledga, daath occurred at tha time, dete and place, and dua to tha cause(s) and mennar as stated. 2 Medical Examiner: On the basis of examinetion end/or invastigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) and manner steted. fin 24 å 29b. Signetura and titla of certifier 29c. Licensa number 29d. Date signed (Month, Day, Year) 8-10-96 AT2438946 30. Name and address of person who completed causa of deeth (Itam 23a) (Type, Print) 201 E. Un. V. Pkuy Balk, MD 21218 (UMH) sahaaldin 32. Ragistrer's Signeture 31. Data filed (Month, Day, Yaar) State Salidson Registrar

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 96 24 161

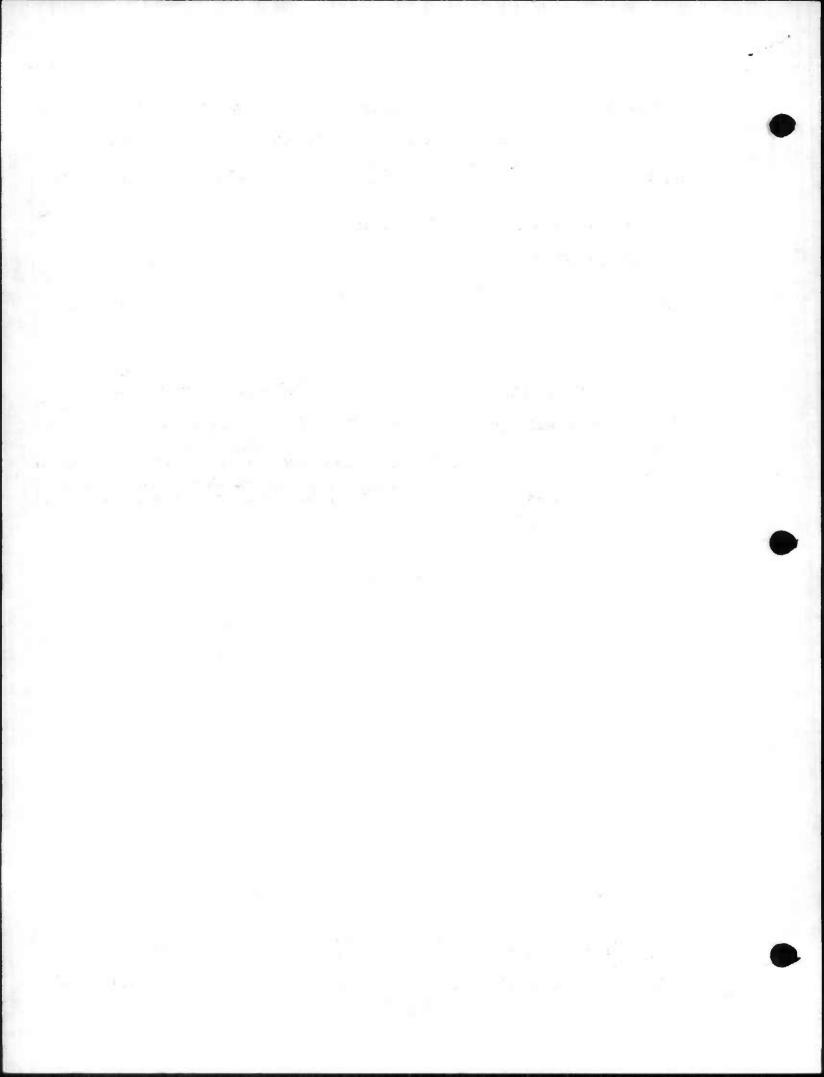
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	Dhusia		1. Decedent's Neme (First, Middle, La	ast)						2. Dete of Month		өу	Year	3. Time of Death
	Physic /Medi		MARIAN M	ILLER						AUGUS			996	11 20 P
	Examir		4e. Facility Neme (If not institution, given	ve street end num	ber)					Location of De	ath 4		of Deeth	
			Church Hame & Hospi		Ba	ltimor	e City			I/A				
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	Director		191-20-1006	IUM ZEF	96	Yrs.				May 2	22,19	00	Ita	aly
	pg &		Usuei Residence of Decedant 10a. Stata 10b. County		10c. City, Tov	m or I oo	ation						1.	Od Inside Ob I limbe
	aho aho	٥	Maryland Baltimor	2	Reist									0d. Inside City Limits 1 ☐ Yas 2 🕱 No
	the Maryland r 28a-f ahow Inotti ed at	ecto	3		NC150	CISC					T			
	with v	Ö	10e. Street and Number 323 Stonecastle	AVA			10f. Zip Cod					Whef Cour	ntry?	
	e 23e	Funeral Director			lent Ever In U.S.	10 141	13. Was Decedant of Hispenic Origin? (Specity Yes or					U.S.	ce - Amaric	an Indian
	her de	Ë	11. Maritel Stetus 1 ☐ Never Married 2 ☐ Merried	Armed Ford	as?	if	Yes, specify C	uben, M	exican, Pue	rto Rican, etc.)	NO-		ck, White,	etc.
20	within 72 hours after death with the Maryland ene. than "natural", or items 23s or 28s-f show he Medical Examinet must be notined at	by F	3 🕅 Widowed 4 □ Divorced	if Yes, Give		1	□Yes 2以	No Sp	pecify:			Specif	y: Wh:	ite
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ore	of He He		20e. Mathod of Disposition	7	oam of	of Dispos	ition (Neme of	plece)		Date	20c. l	Location	- City or To	own, State
Ĕ	Page nent o mt: if		1 X Buriel 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specia		tete	Pet			Augus:	t 17.19	96 N	1t. (Carme	1 Twp., Pa
Baltimore,	permit. Pages 1 end 2 Department of Health i Important: if item 27 is any Injury or other tra once.		21. Signature of Funeral Service Lice	nsee Paul L										
0	88588		+ April La Lla	tout	1-					Inc. 5		-		
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	/Medical		Immediate Cause (Final disease or condition		Myoc	ande	iel I	nlare	ction.				1	Sudden
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Ó,	e exe ian a unel-	ŭ.	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or injury that initieted events	AIN	enosdenoti	,	Cardy	o Vas	cular	Dise	ese		İ	
68760,	entificate be execut ding physician and se as the bunel-tran	lica	Causa (Disease or injury that inkleted events resulting in death) Last											
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	es th be d		Hypitensio Congestive		. 0					-				
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ec	has by	Die.											of	mpletion of cause death?
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of Vital	Physician: The this certificate ral director, pag	Be	25. Wes case referred to medical exeminer?						Placa of De	eeth (Check on	y one)			
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Division	Attending or death. octor: After by the fune	Certification:	2 Accident investigatio				M 1	Yes	2 🗆 No					
Ž	rer difference	Ē	3 ☐ Suicide 6 ☐ Couid not be determined	286. Piece 0	f Injury - At home, for etc. (Specify)	erm, stree	et, fectory, offi	Ca		28f. Location City or	Street a	and Numi te)	ber or Run	al Route Number,
	Ital o													
	To the Hospital or Attending Physicien: within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director.	edicai	(Check only 2 Medical Exar	niner: On the bas	est of my knowledge is of examination or	e, deeth o	occurred et the estigetion, in m	time, de	ete end pied n, deeth occ	ea, end due to the	ne cause(e, dete er	s) end m	anner as s	teted. tha cause(s)
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State of Maryland / Department of Health and Mental Hygiene 0 C

			-	•	Certificate of	of Death	Reg	J. No.	0 6	4102	
	Dhysisi		1. Decedent's Name (First, Middle, La	ist)			2. Deta of Death Month	Day	Yeer	3. Tima of Deeth	
	Physici /Medi		KATHLEEN	A	MAZEJKO				96	9:00 PM	
	Examir	ner	4e. Fecility Name (If not Institution, give			4b. City, Town, or L	ocation of Deeth	4c. County of			
			GREATER BALTIM			TOWSON		BALTI			
	Funeral Director		and the second s	Sex 7. Age (In yr	rs. lest birthday) Yrs. If Under 1 Ye Months De		8. Dete of Birth (Month, Day,)	0.10		ce (Stete or Foreign	
	/land		10e. Stete 10b. County	10c.	City, Town or Location				100	d. Inside City Limits	
	Men	ţò	MARYLAND BALTIC	282	PARKVILLE					1 ☐ Yes 25 No	
	or 28	Directo	10e. Street and Number		10f. Zip Cod	le	100	g. Citizen of W	hef Country	y?	
	th wi	al	7835 SHSPAS	IRO AVI	2	1234		V.	S.A.		
	ema erm	Funeral	11. Marifel Status	12. Was Decedenf Evar In Armed Forcas?	U,S. 13. Wes Decedant	of Hispenic Origin? (Sp. Suben, Maxican, Puarto	ecify Yes or No- Rican, atc.)		- Amaricar		
21215-0020	s 1 and 2 should be filed within 72 hours after deeth with the Meryland f Heelth and Mental Hygiene. Item 27 is marked other than "natural", or itema 23s or 28s-f show other traumatic event, the Medical Examiner must be recitied at	þ	1 ☐ Navar Married 2 ☐ Merried 3 ☑ Widowed 4 ☐ Divorced	1 ☐ Yes ② No If Yes, Giva Yeer or Detas:	1 □ Yes 252			Specify:	Her	311)	
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re,	es 1 and of Heelth I Item 27 r other tr		20a. Method of Disposition		Place of Disposition (Name of cametery, crametory or other	1	Dete TH 20	C. Location - (
Baltimore	W		Buriel 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Special Content of the Content			20118	106.14 C	ARKVI	0 11	maluga	
alti	permit. Pag Department Mportant: It any Injury o		21. Signal up of Euperel Service Libe		22. Nama and Ad	Idress of Fecility			20	21000	
Ö	Depa Impo any Ir		1120 4	2 /	EVAN3	FURERALC	HA 627-B	ELACIR -11'11	" M	61 FUN	
			23a. Pert1. Enter the disease, or com shock, or heart feilure. List only	plications that any and the de	eth. Do not enter the mode of	dying, such es cardiac	or respiratory arres	it, MILL	1	oproximate	
×	Physician		snock, or neert tellure. List only	one cause on each line.						ntarval Between Onset and Deeth	
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Ö	death cer e ettendin d for use	cia	Pert II. Other significant conditions of	contribution to death but not r	aculting in the underfulne source	skep in Red I	23b. Did tobacco use contribute to the cause of death				
P.0	t the de by the tached	Physician/	TVOT	. A commoder but not not not not not not not not not no	A 1	gwen in Fent I.		A		ibly 4 □ Unknown	
	es that igned to be det	ру Р	IYPEII	1 ARE 162	MENTAN			242410			
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ion of	Attending Ph or death. ector: Atter thi by the funeral		27. Menner of Deeth 1₽ Naturel 5 ☐ Pending 2 ☐ Accident investigatio	28a. Dete of Injury (Month, Dey Year)		njury et Work? 1 ☐ Yes 2 ☐ No	28d. Describe how	injury occurre	od		
Division	al or Atte s after de f Directo od in by th	Certification:	3 Suicide 6 Could not b 4 Homicide determined	28e. Plece of Injury - At building, etc. (Spe	home, ferm, street, fectory, officity)	ice	28f. Location (Stre City or Town,	et end Numbe Stete)	or Or Rural I	Route Number,	
	To the Hospital or A within 24 hours after To the Funeral Direct Completely filled in b	edical (29e. Certifier (Check only one) 1€ Certifying Ph	nysician: To the best of my ki miner: On the basis of exemi and manner steted.	nowledge, deeth occurred et the netion end/or investigation, in m	e time, dete end pleca, ny opinion, deeth occur	end due to the cau red et the time, det	se(s) end mar e and piece, a	ner as stat nd due to t	ted. he cause(s)	
	To the To the Comp	W	29b. Signature and title of certifier	5	29c. Lic	ansa number	290	d. Data signed	(Month, De	ay, Year)	
			Marie U	. Dul	MD D	36231		08/13	196		
1	-6		30. Name end address of person who	completed cause of deeth (It							
1	0		JAMOS A. DI	CKE, MD 6	565 N. CO	HACUPS ST	BA	400	NO	021204	
	Sta Registr		31. Date filed (Month, Dey, Year) ALIC 1 4 1996	32. Registrer's Sig	neture						

AUG 1 4 1996



State of Maryland / Department of Health and Mental Hygiene

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					Certificate d	of Death	Re	g. No.	0 2	7100
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	Physic		Terecas	. Mantel			Month	Day	Year 1996 2	:00 AM
	/Medi		4a. Fecility Neme (If not institution, gi			4b. City, Town, or	Location of Death	4c. County	770	
	Exami	ıer		// // /		Codous	11.110	Ra	Wina	10
			5. Social Security Number 6.	CARC (PNYCR Sex 7. Aga (In vrs. last	hirthday) If Undar 1 Ye	ear If Under 24 Hrs	VILLE	Dai	MILLUR	<u>C</u>
	Funeral			Sex 7. Aga (In yrs. last	Yrs. Months Da			Year)	9. Birthplece	(Steta or Foraign
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	pu *		Usuet Residence of Dacedent 10a, Stete 10b, County	10c City T	own or Location		•		104 6	nside City Limits
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	with the Maryland a or 28a-f show	Director	Maryland Buryin	10RE 13a14	Imore					
	£ 8	Dir	10a. Street end Number	α	10f. Zip Cod		10	g. Citizen of \	Whet Country?	
	23a	100	107 Maiden	Chare Lane	6	11778		(1)	A	
	items items	Funeral	11. Marital Status	12. Was Dacedant Evar in U,S. Armed Forcas?	13. Wes Decedent of	of Hispanic Origin? (S Cuben, Mexican, Puer	specify Yes or No-		e - Amarican Inck, White, etc.	dian,
0	or is		1 ☐ Never Married 2 ☐ Married	1 ☐ Yes 2 ☑ No	1 □ Yes 2 ☑ 1		,	1	1 1/2 1	c
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21215-0020	within 72 hours after deeth with the Maryland ene. than "natural", or items 23a or 28a-f show ha Medical Examinat must be included at	Completed	15. Decedent's E (Specify only highest gi	ducation 1	6e. Decedant's Usuel Oc (Give kind of work do	cupation	rking 1	6b. Kind of B	usiness/industry	
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<u>a</u>	should be nd Mentel marked c	To	JOHN DIRSO	heri		ISGRIO	ara Ti	OPNP	75	
Maryland	# DEE		19a Informant's Name/Relationship	(Type, Print)	19b. Meiling Address (Str	eet end Number or R	ural Route Number,	City or Town,	Stete, Zip Code	9)
	lealth ar m 27 is her trau		Rohept I made	el Isoni.	2112 Cuni	2858 DE	INP RP	1 AIR 1	nagalary	1 21015
re,	- 1 - 2		20a. Mathod of Disposition	20b. Pleca	a of Disposition (Name of	2000	Aug 13	Oc. Location -	City of Town, S	State
no	8== 6		1 Burlet 2 Cremetion 3 [JHamovel from State	etery, cremetory or other	II Consultan	Mug 13 /	Docado	10 Ma	1. 10.101
Baltimore,	Depertmen Important: any injury		4 ☐ Donetion 5 ☐ Other (Special Signethers of Funarel Service Date of Funarel Date of	CURC	22. Neme end Ad	in Cemercay	1996 K	Weda	ie, ma	eyiand
Ba	permit. P Depertme Importan any injur		21. Signetice of Pullater Service Lot	1500	22. Neme end Ad	dress of Fecility	880	O Mak	HOROL A	J.
			Haife to	Hann .	EVENS CHO	pel of Men	MORIES B	altimos	DR Mary	and 212
			23a. Part1. Entar the disaesa, or con shock, or heert feilure. List only	iplications that caused the deeth. E	Do not antar the mode of	ylng, such as cardia	c or raspiratory arre	st,	Appr	roximate rval Between
	Physician			7					One	et and Death
	_/Medical	М	Immediete Ceuse (Final diseasa or condition	Connes	tive He.	at Fa	:/ure		1	120046
3	Examiner		rasulting in death)	a. Due to (or as	a consequence of):				-1.5	4
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Ö	v requires that the death cer been signed by the attandin should be detached for use	Physician	D II OM							
O	the d	ıysı	Part II. Other significant conditions	contributing to death but not resultin	g in the underlying causa	givan in Pert I.				cause of death1
9	thet ed by deta						1 Ye	s 2ENo	3 Probably	4 Unknow
ecords,	requires een sign hould be	d by					040 1460 00	- denisi	24h Ware o	utopsy findings
0	neen	Completed					24a. Was an perform		avallable	e prior to
ec	S 00 CA	d d							of death	?
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Vital	ician: The certificate rector, pag	Be (25. Wes case referred to medicat			26. Plece of De	eth (Check only one)		
>		To	examinar? 1 ☐ Yes 2 ☑ No	Hospitel: 1 Inpatient 2 ER/	Outpatient 3 DOA	Other: 42 Nursing I	Home 5 ☐ Rasidar	nce 6 Oth	ar (Specify)	
of			27. Manner of Death	28a. Deta of Injury 28	b. Time of 28c. In	njury et Work?	28d. Describe how			
0	oding f th. After a funer	tio	1 2 Neturei 5 ☐ Panding 2 ☐ Accidant Investigation	(Month, Day Year)		Yes 2 No				
Division	Attending r death. ector: Atte by the fune	fice	3 ☐ Suicide 6 ☐ Could not I	28e. Pleca of Injury - At home	, ferm, street, fectory, offi	ce	28f. Location (Str.	eet and Numb	per or Rural Rou	ite Number,
Di	or after	Certification:	4 Homicide	building, atc. (Specify)			City or Town,	Stete)		
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	To the Hospital or Attent within 24 hours after deatl To the Funeral Director: completely filled in by the	edical		miner: On the basis of examinetion end menner steted.	end/or invastigation, in m	y opinion, daeth occi	urred at the time, de	te end pleca,	and dua to tha	ceuse(s)
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100	FRES		81/5	_ wo		74057			+ 10,	
	1		1 //		<u> </u>			, , , 4/	, , , ,	
1	5		30. Nama and address of person who	complated cause of deeth (Item 23		maid	10 11	6.00	1	2/21-8
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Registrar

State

31. Date filed (Month, Dev. Yeer) AUG 1 4 1996

Funeral

Director

28a-f show must be notified at

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items 23a

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Hygiene.

ent of Health and Mental Hy It: If item 27 Is marked othe y or other free......

permit. Pege Department of Important: If any injury or once.

Physician /Medical

Examiner

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cate hes been signed by the a page 2 should be detached

certificate

Peges 1 and 2 should be

Baltimore, Maryland 21215-0020

P.O. Box 68760,

Records,

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 24/64 Certificate of Death 1. Dacedent's Nama (First, Middla, Last) 2. Date of Death **Physiclan** AUGUST 08. MICHAEL ALFRED MITCHELL 1996 3:25 PM. /Medical 4a. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 300 E. MADISON ST. BALTIMORE if Undar 24 Hrs. 8. Data of Birth
Hours Min. (Month, Day, Year) 5. Social Sacurity Number If Under 1 Year 6 Sax 7. Aga (In yrs. last birthday) Birthplace (State or Foraign Country) Days 10€ M 2□ F Yrs 39 215-78-3347 JUNE 9, 1959 MD Usual Rasidanca of Decedant 10a State 10h County 10c. City, Town or Location 10d. Insida City Limits N?A BALTO MD Yas 2 No Director 10e. Straat and Number 10f. Zip Code 10g. Citizen of What Country? 21239 U.S.A. 1551 STONEWOOD RD 12. Was Dacedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 ②No If Yas, Giva Yaar or Datas: 14. Race - Amarican Indian, Black, Whita, etc. Was Decedant of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Maxican, Puarto Rican, atc.) 1 Navar Married 2 Married Specify: BLACK 1 ☐ Yas 2 X No Specify: by 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decadant's Education (Spacify only highast grada completed) Dacadant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) College (1-4or 5+) JAIL SYSTEM CORRECTIONAL OFFICER 12th N/A 17. Father's Nama (First, Middla, Last) 18. Mothar's Name (First, Middle, Maidan Surnama) MARY DOWNS GEORGE MITCHELL 19a. informant's Name/Relationship (Type, Print) 19b. Malling Addrass (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 1551 STONEWOOD AVE BALTO, MD 21239 GEORGE MITCHELL 20b. Placa of Disposition (Nama of cemetery, cramatory or other place) 20s. Method of Disposition Data 20c. Location - City or Town, Stata XSBurial 2 □ Cremation 3 □ Removal from State AUG 13 4 Donation 5 Other (Specify) KING MEMORIAL PARK 1996 WOODLAWN, MD 21. Signature of Funeral Service Licensee 22. Nama and Addrass of Facility BETTS FUNERAL HOME 1129 N. CAROLINE ST BALTO, MD 21213 23a. P rt1. Entar tha disaasa, or complications that caused the death. Do not enter tha mode of dying, such as cardiac or raspiratory arrast shock, or haart failura. List only one cause on each line. Approximata Interval Batwaan Onset and Daath Immediata Causa (Final disease or condition resulting in death) Hanging Physician/Medical Examiner Sequantially list conditions, if any, laading to immadiata causa. Enter Underlying Cause (Disease or Injury that initiated avants rasulting in death) Last Dua to (or as a consequence of): Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Be Completed 24b. Wara autopsy findings available prior to complation of cause of death? 24a. Was an autopsy performed? 12 Yes 2 □ No 1 X Yas 2 No 26. Placa of Death (Check only ona) CITY Other: 4 Nursing Homa 5 Residence 8 MOther (Specify) Hospital: 1 ☐ Inpatlant 2 ☐ ER/Outpatlent 3 ☐ DOA Medical Certification: To 27. Manner of Death 28a. Data of tnjury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred 1 Natural 5 Panding invastigation 1 Yas 2 No 8-8-96 2 Accidant untrown Subject hanged himself
281. Location (Street and Number or Rural Routa Number,
City or Town, State) 300 F. Madison Street 6 Could not be determined 3 Suicida Piace of Injury - At homa, farm, streat, factory, office building, atc. (Spacify) 4 Homicida | Bultimere City, Maryland | | Bultimere City, Maryland | | Certifying Physician: To the best of my knowledge, death occurred at the time, date and piace, and due to the causa(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. 29a, Certifier

29c. License number

O.C.M.E.

29d. Date signed (Month, Day, Year)

AUGUST 09, 1996

iding Physician: The law requires that the death certificate be executed of Vital this After t No

DONALD G. WRIGHT 31. Data filad (Month, Day, Yaar)

AUG 1 4 1996

29b. Signature and title of certifier

Donald & Wright MD

30. Nama and address of person who completed causa of death (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201 MD 32. Registrar's Signature

Julia Vavilson Pondell

State Registrar

DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Neme (First, Middle Last) 2. Data of Deeth 3. Time of Easth **Physician** Month Dorothy B. MI.
4e. Fecility Nama (If not institution, give street and number) 9:40A ADG /Medical 4b. City. Town, or Location of Death 4c. County of Death **Examiner** WoodLAWN 1809 New CASTLE ROAD BALTIMORC If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 7. Age (In yrs. lest birthday) 5. Sociel Sacurity Number Birthplece (Steta or Foreign Country) **Funeral** 1 M 2 XF 69 Yrs. Director 018-20-7495 MARCH 27,1927 New YORK Usuel Rasidence of Decedent the Maryland 10a State 10b. County 10c. City. Town or Location 10d. inside City Limits must be notified at 1 ☐ Yas 2 No Director MARYLAND BALTIMORC WoodLAWN 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1809 New CASTLE ROAD UNITED STATES 21244 12. Wes Decedent Evar In U.S. Armed Forces? 13. Was Decedent of Hispenic Orlgin? (Specify Yas or No-if Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican indien, Black, White, etc. 7 is marked other than "natural", or iten traumatic event, the Medical Examiner 1 ☐ Yes 2 No If Yes, Give Yeer or Detes: 1 Never Married 2 Memied attimore, Maryland 21215-0020 1 Tes 2 No Specify: þ 3 Widowed 4 ☐ Divorced Specify: white 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry al Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) own home homemaker 10 17. Fether's Nema (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumema) Peges 1 and 2 should be frent of Health and Mental First: if Item 27 is marked of GEORGE NORTHROP Kelly E. LIZABETH 19b. Mailing Addrass (Street and Number or Rurel Route Number, City or Town, Steta, Zip Code) 21244 19e. informant's Neme/Reletionship (Type, Print) 1809 New Castle ROAD WoodLAWN, MARYLAND HAROLD E. MIMNA, JR. SON 20b. Pleca of Disposition (Name of cemetery, crametory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 □ Cremetion 3 □ Removel from State b 4 ☐ Donation 5 ☐ Other (Specify) MARYLAND VETERANS 8/15/96 GARRISON FOREST, MD 22. Name and Addrass of Facility
AMBROSE FUNERAL Home, INC 21, Signature of Funeral Service Licens ARBUTOS Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. 21227 Approximata intarval Between Onset and Death Physician /Medicat Immediate Cause (Final disease or conditi-resulting in death) Examiner Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or Injury that initiated events resulting in daeth) Last Dua to (or as a consequence of): physician Physician/Medical eq. signed by the at d be detached for 23b. Did tobacco use contribute to the cause of death? Pert ii. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. pertension, arrevoclars to 1 Yes 2 No 3 Probably 4 Unknown of Vital Records, þ 24b. Were autopsy findings available prior to completion of cause of death? erebermocular accidents 24a. Wes an autopsy performed? Completed 1 Yes 2 No 20 No 25. Wes case referred to medical exeminar? Be 26. Piaca of Deeth (Check only ona) 1 Yes 2 No Other: 4 Nursing Home 5 Hesidenca 6 □Othar (Specify) 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28e. Date of tnjury (Month, Dey Year) 27. Manney of Death 28b. Time of injury 28c. injury et Work? 28d. Dascribe how injury occurred Certification: 5 Panding investigation LO Bull 1 Yes 2 No 2 Accident 6 Could not be datamined 3 Sulcide 28a. Pleca of tnjury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stata) 4 Homicide 12 Certifying Physician: To the best of my knowledga, death occurred et the time, data and place, and dua to the causa(s) and menner as stated.
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred et the time, date and piece, and dua to the cause(s) end menner stated. Medical 29a. Cartifiar To the within To the 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Nema and eddress of person who completed cause of death (item 23e) (Type, Print) 32. Registrer Signature Gardelle State

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 24166 Certificate of Death 3. Time of Death 1. Decedant'a Nama (First, Middla, Last) 2. Data of Death MYERS JESSE AUGUST 10:28 4b. City. Town, or Location of Death 4e. Facility Nama (If not institution, give street and number) 4c. County of Death Good Samaritan Hospital Baltimore City

| H Under 1 Yeer | H Under 24 Hrs. | 8. Dete of Birth (Month, Day, Yeer) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplaca (Stata or Foreign Country) 1**%** M 2□ F Yrs. 239-18-2365 AUG. 13, 1913 North Carolina Usuel Rasidance of Decedant 10b, County 10c. City, Town or Location 10d. Insida City Limits 1 X Yas 2 No N/A Baltimore City 10e. Street and Number 10g. Citizan of What Country? 5943 The Alameda 21239 U.S.A. 12. Was Dacedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 Nevar Merried 2 Marriad 1 ☐ Yas 2 No Specify: Specify: 3 Widowed 4 Divorced White Decedent's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Elemantary/Sacondary (0-12) Coilaga (1-4or 5+) Electronics Manufact Electrical Engineer 17. Fether's Nema (First, Middla, Last) 18. Mother's Neme (First, Middle, Malden Sumame) Jesse Lynne Myers, Sr. Carrie Massey 19a. informant's Name/Raietionship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Coda) Gladys Smith Myers/wife 5943 The Alameda, Baltimore City, Maryland 21239 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cremation 3 🕅 Ramovel from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Oakwood Cemetery 8/20 Statesville, North Carolin 21. Signature of Funeral Service Licen 22. Nama and Addrass of Fecility Mitchell-Wiedefeld Home, Inc. 232 Part Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

Appropriate the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

Appropriate the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata tritarval Batween Onset and Death immediata Causa (Final ASPIRATION PNEUMONIA disaasa or condition resulting in death) Sequantially list conditions, if any, laading to immadiata causa. Entar Underlying Cause (Disaase or injury that initiated events rasulting in death) Last Dua to (or as a consequence of) Dua to (or as a consequanca of) Part II. Other atgnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Wara eutopsy findings available prior to 24a. Was an autopsy performed? complation of cause of death? 1 Yas 2 ANO 1 ☐ Yas 2 ☐ No 25. Was casa rafarred to medical 28. Placa of Death (Check only ona) Hospital: 1 Thepatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 1 Yas 2 No. 27. Mannar of Death 28e. Date of injury (Month, Day Year) 28c. Injury at Work? 28d. Dascribe how Injury occurred 28b. Time of 5 Panding 1 Yas 2 No investigation 6 Could not be detarmined 28a. Place of Injury - At homa, farm, straat, fectory, offica building, atc. (Specify) Location (Street and Number or Rural Route Number, City or Town, Stata) 🔀 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and manner as stated. 2 Medicat Examiner: On the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner stated.

29c. Licensa number

P09302

Physician /Medicai **Examiner**

Physician

/Medical

Examiner

10a. Stata

Maryland

Director

Funeral

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7 is marked other than "natural", or items 23s or 28s-f show treumstic event, the Medical Examiner must be notified at

filed within 72 hours aftar Hygiene.

permit. Pagas 1 and 2 should be filed within 7. Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "na sny injury or other treumatic event, the Media page.

Baltimore, Maryland 21215-0020

tha Maryland

physician and s the burial-transit Physician/Medical should be det þ Be Completed certificata Medical Certification: To

Records, P.O. Box 68760 Vital

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State Registrar

NEERU GUPTA, M.D. 31. Data filed (MATI (2) 14 1996

1 Matural 2 ☐ Accidant

3 Sulcida

29a. Cartifian

4 Homicide

29b. Signatura end titla of cartifiar

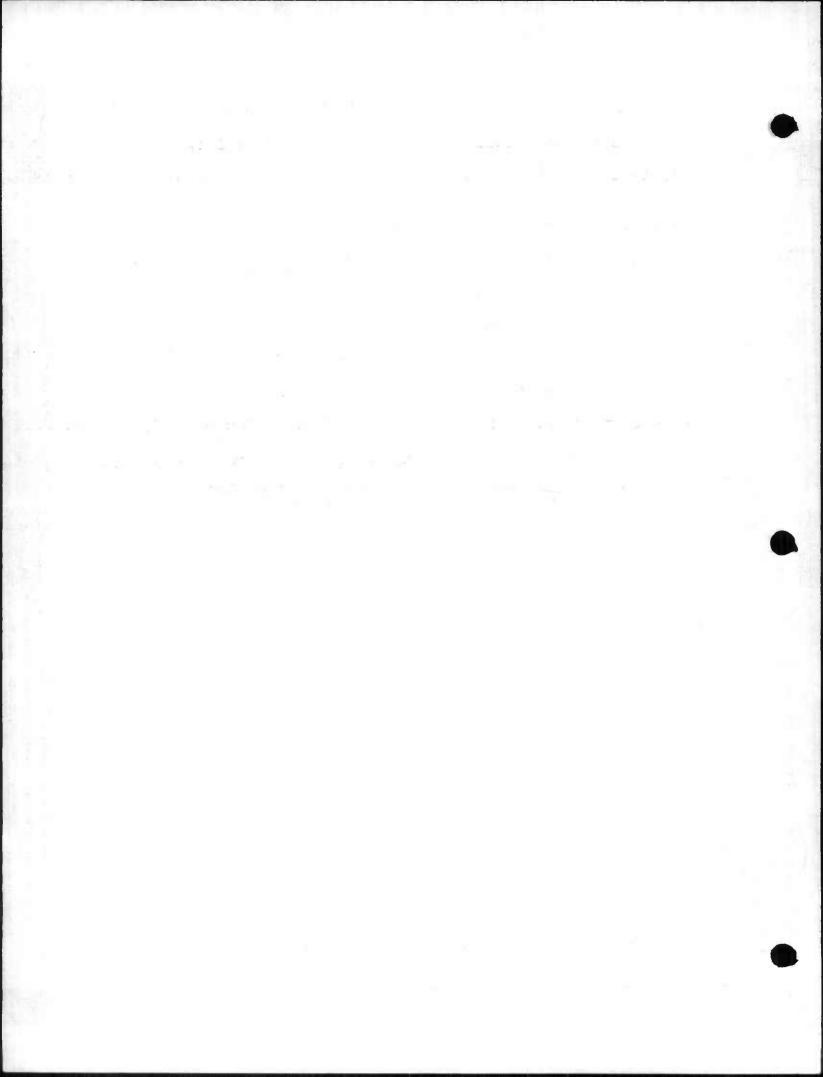
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30. Nama and addrass of person who complated causa of death (ttam 23a) (Type, Print) 32. Aboilitier Dijenatuen Randall

5601 LOCH RAVEN BOULEVARD BALTIMORE, MD.

29d. Data signed (Month, Day, Year)

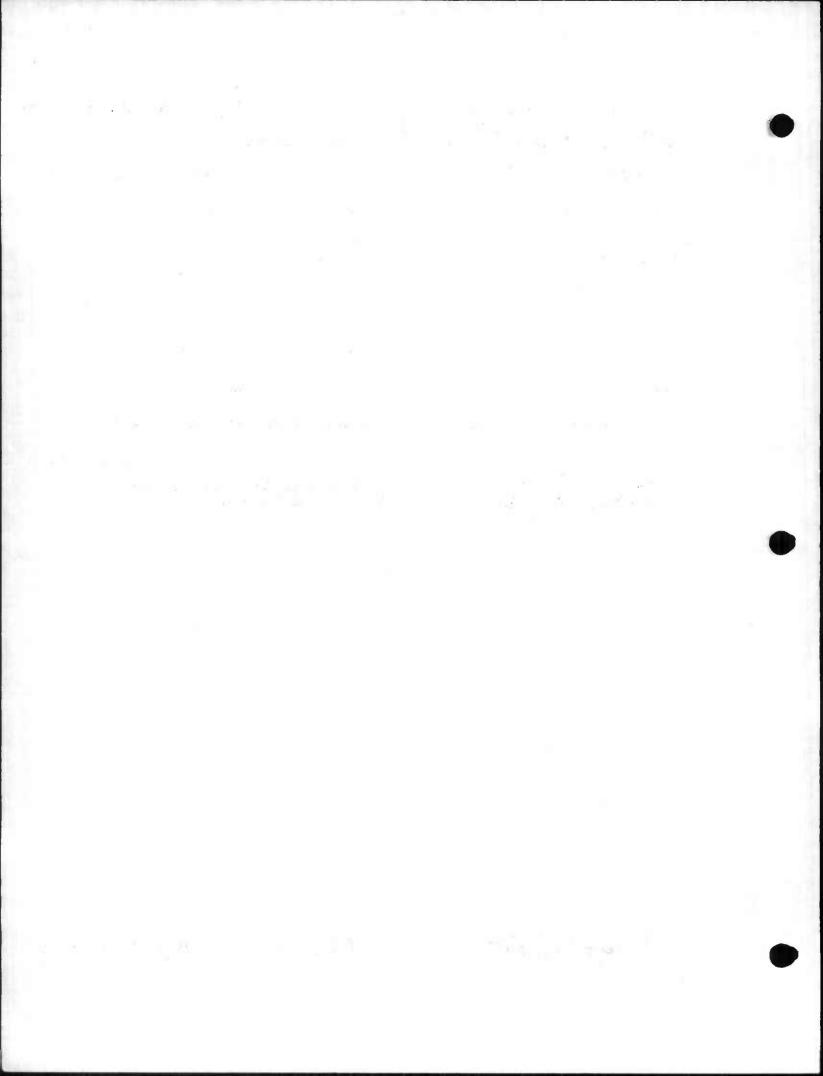
AUGUST 12, 1996



State of Maryland / Department of Health and Mental Hygiene 96

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	th with the 23a or 28	al Director	10e. Straat and Number 3410 LEVERTON	AVENUE			10f. Zip Coda 21224	+		10g. Citizan of V	What Country?
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Baltimore,	permit. Page Department of Important: If any Injury or once.		4 Donation 5 Other (Specification of Funeral Service Licer	-	GREE	22 K.F	Nama and Add		ERAL HO	BALTO	
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,0928	cate be executed physician and s the burial-transit	dical Examiner	Saquentially list conditions, if any, teeding to Immedieta cause. Entar Undartying Causa (Disaese or injury that initieted evants rasulting in daath) Last	b	Due to (or es						
O. Box 6	the death certifi y the attending iched for use as	Physiclan/Me	Pert II. Other significant conditions or	d	ut not rasulting) in the un	ndarlying causa g	iven in Part I.		obacco use co ∕es 2□ No	ntributa to the cause of death?
Records, P.	e law requires has been sig ge 2 should be	Completed by P							24a. Was	an autopsy med?	24b. Wara autopsy findings available prior to completion of cause of death?
of Vital	Physician: The this certificate ral director, page	To Be	MATES 2 NO	Hospital: 1 ☐ Inpatia		-	3LI DOA	ther: 4 Nursing H	ath (Check only o	ne)	
ivision	After fune	Certification:	27. Mannar of Death 1	0 1011/0	y Year) ury - At homa, c. (Specify)	1	eat, factory, office	Yas 2 No		t shot	. /
	o the Hospital or Attent thin 24 hours after deat the Funeral Director: mpletely filled in by the	Medical C	29a. Cartifier (Check only one) 1 Certifying Phy 2 Medical Exam	/sician: To the best of linar: On the basis of and manner sta	of my knowlado examinetion a	ga, deeth and/or inv	occurred at tha t	optnion, death occu	rred at tha tima, o	deta and place,	

29a. Cartifier (Check only one) 29b. Signature end titla of certifiar

31. Dete filed (Month) Day Year)
AUG 14 1996

1 Certifying Physician: To the best of my knowladga, deeth occurred at tha time, date and piece, and dua to tha causa(s) and manner as steted.

2 Medical Examinar: On tha basis of examination and/or investigation, in my opinion, death occurred at tha tima, deta and place, and due to the cause(s) and manner stated. 29c. Licansa number

29d. Deta stgned (Month, Day, Year)

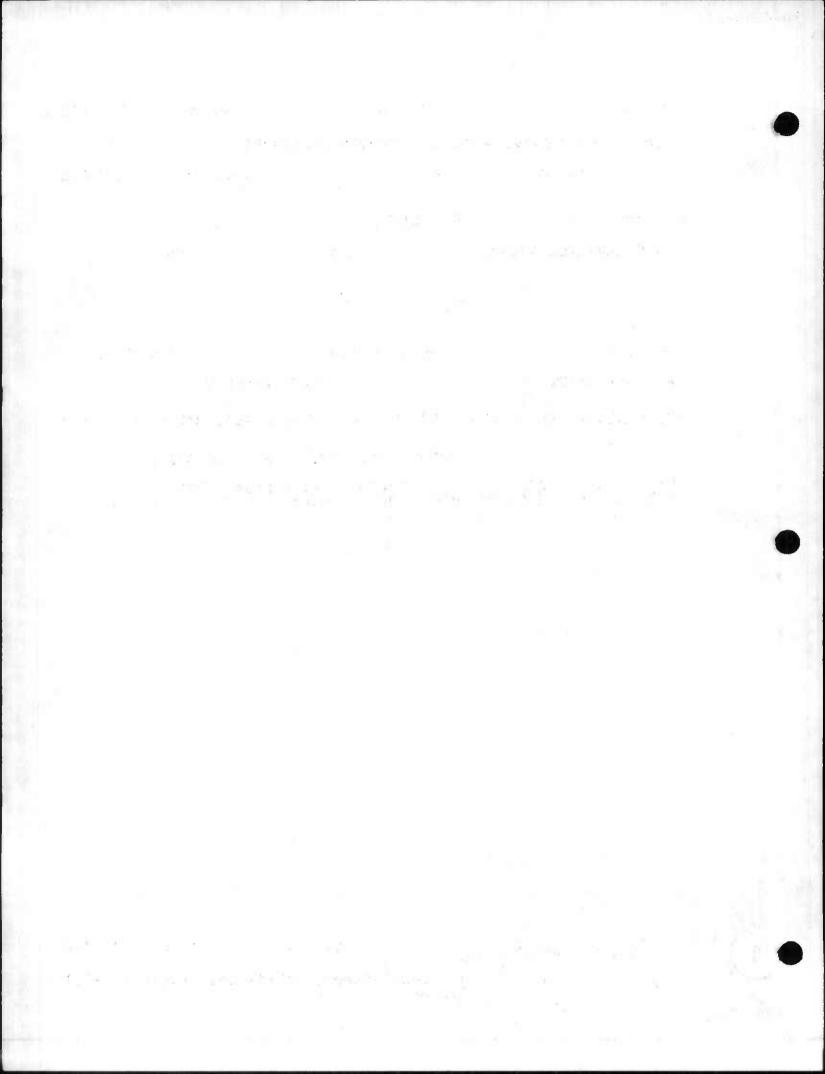
O.C.M.E.

AUGUST 12,1996

30. Nama and address of person who completed cause of daath (Item 23e) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201 "a Baundour

State Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Deta of Death **Physician** aurence linghini, Jr. August 2355 11,1996 /Medical 4a. Facility Neme (If not institution, giva street and numb 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Hospita Baltimore
If Under 1 Year If Under 24 Hrs. 8. Dete Baltimore Inac 8. Dete of Birth (Month, Day, Year) MARCH 8, 1932 5. Social Security Number 6. Sax 7. Age (In yrs. last birthday) 9. Birthpiaca (Stata or Foreign **Funeral** Days **™** M 2□ F 217-26-9364 Yrs. Director BALTIMORE Usual Rasidence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r 28a-f show 1 Yes 2 □ No Director N/A BALTIMORE 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? tem 27 is marked other than "natural", or items 23s or other traumatic event, the Medical Exeminar must be a 3041 JANICE AVENUE 21230 U.S.A. 12. Was Decedent Ever in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Maxican, Puarto Rican, atc.) 14. Rece - Amarican Indian, Black, White, atc. 1 ☐ Never Married 2 X Married 1 ☐ Yas 2∑ No If Yas, Giva Yeer or Detes: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ▼ No Specify: WHITE þ Specify: 3 Widowed 4 Divorced Completed 15. Decedent's Education 16a. Decedant's Usual Occupation 16b. Kind of Business/Industry (Give kind of work dona during most of working life. DO NOT use retired) (Specify only highast grada complated) permit. Pages 1 and 2 should be filed within Department of Health and Mental Hyglene. Important: If Item 27 ia marked other than any Injury or other traumatic evant, the Ma Elementary/Secondary (0-12) Collage (1-4or 5+) DISPATCHER 8TH GRADE BALTIMORE SUN 17. Fethar's Nema (First, Middla, Last) 18. Mother's Nama (First, Middla, Maidan Sumama) LAWRENCE L. MINGHINI, SR. GOLDIE ZENTZ 19a. Informant's Neme/Ralationship (Type, Pnnt) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) CATHERINE L. HOOKER (DAUGHTER) 238 WAKELY TERRACE - BEL AIR, MD 21014 20b. Placa of Disposition (Nama of cematery, cramatory or other piece) 20a. Method of Disposition Date 20c. Location - City or Town, Stata 1 X Burial 2 ☐ Crametion 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify) MD NAT'L MEMORIAL PARK 3/15/96 LAUREL, MD 21. Signature of Funaral Service Licenses 22. Nama and Addrass of Facility HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVENUE-BALTIMORE, MD 21229 23a. Part 1. Entar the disease, or complications that causad the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between **Physician** /Medical Immediata Cause (Finel 6 months disaasa or condition rasulting in death) **Examiner** physician and s the burial-transit Sequentielly list conditions, if any, laading to immadiate cause. Enter Undarlying Causa (Disease or injury that initiated evants rasulting in daath) Last Dua to (or as a consequance of) P.O. Box 68760. that the death certificate be Physician/Medical Due to (or es e consequance of) Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No signed t Records, þ 24b. Wara autopsy findings available prior to complation of cause of death? 24a. Was an autopsy performed? Completed this certificate has ral director, page 2 1 Tas 1 Yes 2 No Division of Vital or Attanding Physician: 25. Was casa refarred to medical Be 26. Place of Deeth (Check only ona) Other: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) 2 1 Yas 2 No 1 Dopatient 2 ER/Outpatient 3 DOA 27. Mennar of Death 28a. Data of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Dascribe how Injury occurred Medical Certification: Affer 1 Natural 5 Panding Invastigation death. 1 ☐ Yas 2 ☐ No 2 Accidant Director: 3 Suicida 6 Could not be datarmined 28a. Placa of Injury - At home, ferm, straat, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) á 4 Homloida To the Hapital of the To the Funeral D certifying Physician: To the best of my knowladge, death occurred at tha tima, data and piece, end dua to the causa(s) and mannar as stated. 29e. Certifiar 2 Medical Examiner: On the basis of examinetion end/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29b. Signatura and title of cartifiar 29c. Licensa number 29d. Dete signed (Month, Day, Year) Janeis & Williams, MV AS2

30. Name and address of person who compiated causa of daath (Item 23e) (Type, Print)

Frances E. Williams Sinai

31. Data filed (Month Day, Year)

AUG 14 1996

State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth Year **Physician** CHARLES C. OLER, SR. August 11, 1996 5:30 AM /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner 6613 Fairmount Ave. Brighton Baltimore II Under 1 Yeer II Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number 7. Age (In yrs. last birthdey) Birthplece (State or Foreign Country) **Funeral** 1⊠M 2□F Deys Yrs Mar 8, 1919 220-05-1254 Director Maryland Usuel Residence of Decedent the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or itema 23a or 28a-f shot traumatic event, the Mosical Examiner must be notified at 1 ☐ Yes 2 1 No Directo Maryland Baltimore Brighton 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 6613 Fairmount Ave. 21215 USA death 12. Wes Decedent Ever in U,S. Armed Forces?

1 ☑ Yes 2 ☐ No If Yes, Give Yeer or Detes: WW2 13. Was Decedent of Hispanic Origin? (Specify Yes or No-II Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. Pages 1 and 2 should be filed within 72 hours after on ont of Health end Mental Hygiene.
nt: if Itsm 27 Is marked other than "natural", or Iter 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Specify: by 3 ☑ Widowed 4 ☐ Divorced White 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 8th Grade Carpenter Construction 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Charles E. Oler Florence Sprinkle 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and:
Department of Health
Important: If Itsm 27 I
sny Injury or other tra Carolyn Russell (Daughter) 3801 Schnaper Dr. Apt 421 Randallstown, MD 21133 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Lake View Memorial Park 8-14-96 Sykesville, MD 21. Signeture of Funerel Service Licensee 22. Neme end Address of Fecility Loring Byers Funeral Directors, Inc. 8728 Liberty Rd. Randallstown, MD 21133 23a. Pert . Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardlec or respiratory arrest, shock, or heart leilure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medical 3 months Immediate Cause (Fine) & Cance disease or condition Examiner Examiner physician and the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resuiting in deeth) Lest Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760 Physician/Medical Due to (or as a consequence of) 88 980 for signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Dld tobacco use contributs to the cause of death? Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? Completed hes 1 Yes 1 ☐ Yes 2 ☐ No certificate To the Hospital or Attanding Physician: within 24 hours after death.

To the Funeral Director: After this certified funeral director, 25. Wes case referred to medical examiner?

1 Yes 2 No 26. Placa of Deeth (Check only one) Be Other: 4 Nursing Home 5 Residence 6 Other (Specify) ပ 1 Inpatient 2 ER/Outpetient 3 DOA 27. Manner of Deeth 28a. Dete of Injury (Month, Day Year) Certification: 28b. Time of 28d. Describe how Injury occurred 28c. tnjury et Work? Netural 5 Pending investigation 1 Yes 2 No 2 Accident completely filled in by the 6 Could not be determined 3 Sulcide 28e. Plece of Injury - At home, Ierm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 ☐ Homicide Acartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(s) end mannar as stated.

| Medical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) end menner stated. 29e. Certifier Medical (Check only one) 29b. Signeture end title of cartifier 29d. Dete signed (Month, Day, Year, matilda H. So, no 30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print) York Rd. 1447 MATILDA

The Sacridan Roman

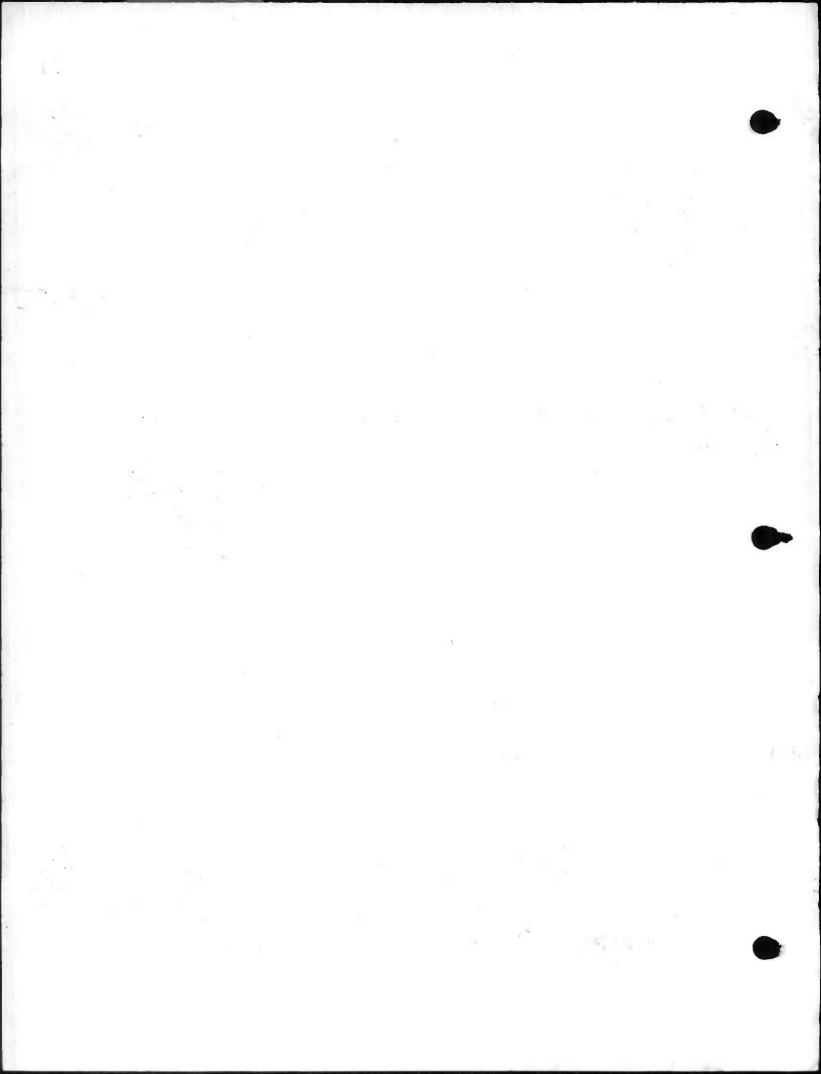
State Registrar 31. Dete filed (Month,

AUG14

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the mount of the control of the hospital or attending physician. HE FINEDAL INSECTING After this conflictor has been singed by the attending physician and community filed in by the freeze man & chould be described for more and the property of the control of the contro	be filed within 72 hours after clean with the State Dest. of Health and Mental Hygiere prior to burial, cremation, or response. MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--	--

	1 - FOR STATE OF MA		MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	20 24171
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME, OF ATO
	John William	Powde	ı, Jr.	AU9 7,19	86 11-7711 M
	The second secon		UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	8. BIRTNPLACE (State or Foreign Country)
	219-18-5193 1 № 2 □ F	70 YAS.	MINS DAYS HOURS MIN.	Aug. 19,1925	Maryland
œ	9e. FACILITY NAME (If not institution, give street and number)	9	b. CITY, TOWN OR LOCATION OF	OEATH 9c.	COUNTY OF DEATH
Ō.	2413 Stanwick Road		Phoenix		Baltimore
JE I	10a. STATE 10b. COUNTY	10c. CITY, T	OWN OR LOCATION		10d. INSIDE CITY
0	Maryland Baltimore	P	ioenix		1 YES 2 NO
RAL	10e, STREET AND NUMBER		101. ZIP CODE		CITIZEN OF WHAT COUNTRY?
FUNERAL DIRECTOR	2413 Starwick Road 11. MARITAL STATUS 12. WAS DECEDENT 1	7/50 11/10 10/10		1131	U.S.A.
	1 Never Married 2 X Married FORCES? 1 X	YES 2 NO	If yes, specify Cuban, Maxie		Black, White, etc.
B	3 Widowed 4 Divorced IF YES, GIVE WAR	OR DATES 9-1943 2-1946	1 YES 2 X NO Spec	offy:	specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. DECEDENT'S US	UAL OCCUPATION done during most of working	16b. KIND OF BUSINESS	S/INDUSTRY
9	Elementary/Secondary (0-12) College (1-4 or 5 +)	life. Do NOT use n	stired.)		_
₹	12 4 17. FATHER'S NAME (First, Middle, Last)	C.P.A.	77.5	Data Cent	
	Hohn William Powder, Sr.			IAME (First, Middle, Maiden Sumai María Bossí	ne)
B	198. INFORMANT'S NAME (Type/Print)	19b. MAILING AC	DRESS (Street and Number or Rura		= 7lo Code)
임	Henrietta Powder, / Wife		Canwick Road-Pi		and the second s
	20a. METHOD OF DISPOSITION 1	20b. PLACEAND DATE OF			N — City or Town, State
	4 X Donation 5 Other (Specify)	cemetery, crematory or other			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Ronald S. Wade, Di	π.	22. NAME AND ADDRESS OF F	ROALD (I)	. Baltimore Street
	SUMMEN / USE		Baltimore. M	aryland 2120	1-1559
CERTIFICATION	If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury		Perolie Co	dedio.h	enal
MEDICAL	PART II. Other significant conditions contributing to de	eath but not resulting in (ha underlying ceuse given l	n Part I. 24a. WAS AN AUTO PERFORMED? 1 YES 2 N	AVAILABLE PRIOR TO
2	25. WAS CASE REFERBED TO MEDICAL EXAMINER? HOSPITAL:		28. PLACE OF DEATH (C	beek only one)	
PHYSICIAN:	1 ☐ → YES 2 ☐ NO 1 ☐ Inpatient 2 ☐ E 27. MANNER OF DEATN 28e. DATE OF IN	R/Outpatient 3 DOA 4	☐ Nursing Home 5 ☐ Residence	7	
BY P	1 Natural 5 Pending (Month, Day,		Y 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJURY	OCCURED
		NJURY — At home, ferm, stre.: (Specify)	nt, factory, offica	281. LOCATION (Street and Nu City or Town, State)	mber or Rural Route Number,
COMPLETED	29e. CERTIFIER 1 CERTIFYING PRYSICIAN: To the best of my	knowledge, death occurred a	t the time, data and place, and du	is to the cause(s) and menner as	ateled
<u>▼</u>	one) 2 MEDICAL EXAMINER: On the basis of axen				
n n	29b. SIGNATURE AND TITLE OF CENTIFIER	oel	TO SO LICENSE M	JMBER 29d.	DATE SIGNED (Month, Day, Year)
2	30 Mame and address of Person who completed cause	OF DEATH (ITEM 27) (Type, Pri	nt)	0,003	Barring mit
	Marles FOID	onnell	111-111	A amtet	HILL R-1215
	31. DATE FILED (Morith, Day, Year) 32. REGISTRAR'S				3
	AUG 1 4 1996 Auha Verido	on-Agndelle			



State of Maryland / Department of Health and Mental Hygiene

96 24172

						Certificate of	Death	Re	g. No.	20	24112
	Dhysiel	0 m	Decedent's Neme (First, Middle, Last	st)				2. Date of Deeth	Dey	Yeer	3. Time of Death
d.	Physici /Medi		THELMA		PFE	TZING		AUG	11 19	196	725P
	Examir		4a. Facility Neme (If not institution, give			,	4b. City, Town, or Lo		4c. County		
	- "		GOOD SAMARCITAN	HOSPITAL	/		BALTIM			TIM	DRE
1	Funeral		5. Sociel Security Number 6. S	ex 7. Age □M 2QF	(In yrs. last birt	Months Devs		8. Dete of Birth (Month, Day,	Year)	9. Birthp Coun	elece (Stete or Foreign
	Director		212-07-8962 Usuel Residence of Decedent	X	89	rs.		June 29,	1907	Mary	yland
	and w		10e. Stete 10b. County		10c. City, Town	or Location				11	0d. Inside City Limits
	Marylan f show	ō	Maryland N/A								H⊋Yes 2□No
	tha 128	Director	10e. Street and Number		Balt:	imore City 10f. Zip Code		10	og. Citizen of V	Vhet Coun	itry?
	3ª or	<u></u>	6000 Pollopo A				21212				
	death ms 2	Funeral	6000 Bellona Aver	12. Wes Decedent E	Ever in U,S.	13. Was Decedent of If Yes, specify Cul		ecify Yes or No-	USA 14. Rac	e - Americ	an Indien,
0	r te	Ē	1 Never Merried 2 Married	Armed Forces? 1 ☐ Yes 2 ि N	lo	_		Rican, etc.)		k, White,	etc.
02	ours after death with the Maryle reft, or items 23s or 28s-f show Examinet must be modified at	by	3 Widowed 4 □ Divorced	If Yes, Give A Yeer or Detes:		1 ☐ Yes 2 ☐ No	Specify:		Specify	Whi	ite
21215-0020	n 72 hours after death with the Maryland "netural", or flems 23s or 28s-f show adical Exercited must be motified at	Completed	15. Decedent's Ed (Specify only highest gra	lucation	16a.	Decedent's Usual Occu	ipation	ing 1	16b. Kind of Bu	siness/inc	dustry
7	- 4	du	Elementery/Secondary (0-12)	College (1-4or 5	+)	(Give kind of work done life. DO NOT use retin	ed)	n ig			
	filed within Hygiene. Ither than "ant, I'm Me	S	12 years		Te.	ephone Ope			Aeros		
Pu	2 should be filed within and Mental Hygiene. is marked other than surratic event, the Mental surratic event, the Mental surrations and the Mental surrations are Mental surrations.	Be	17. Father's Neme (First, Middle, Last)				18. Mother's Nem	e (First, Middle, M	feiden Surnam	(0)	1 4
7/8	ould Men marks	P_	Benjamin Frank (,			Sally			Hine	
Maryland			19a. informent's Neme/Reletionship (Type, Print)	19b.	Melling Address (Stree	et and Number or Run	al Route Number,	City or Town,	Stete, Zip	Code)
	taal Haal		Carolyn M. Byrne 20e. Method of Disposition		97	725 S.E. 17 Disposition (Neme of	3rd Lane,	Summerf:	ield, F	T. 344	491
20	I he he		1 ☐ Buriel 2 ☐ Cremetion 3 ☐		cemeter	y, crematory or other pl	909)				
#	tmer tant	- 3	4 Donetion 5 ☐ Other (Specify		Druid	Ridge Ceme		8/16/96	Pikesvi	He,	Maryland
Baltimore,	permit. Pagas 'Department of H Important: If Ita any injury or of once.		21. Signatura of Fungral Service Liber	100		22. Neme end Addr	ess of Fecliity	**			
_	40240		Martin D. Law	son		6500 York	Wiedereld Road Bal	HOMe Ltimore	MD 212	12	
Е			Martin D. Law 23a. Part 1. Enter the disease, or com shock, or heart failure. List only	olications thet caused one cause on eech lin	the deeth. Do n	ot enter the mode of dy	ing, such es cardiec	or respiratory arre	st,		Approximate Intervel Between
	Physician /Medical									i	Onset and Deeth
1	Examiner	1	Immediate Ceuse (Finel disease or condition resulting In deeth)	· SEPSI	15						2 JA45
3		e				onsequenca of):				9	a amac
	orted 1 Insit	Examiner			MONIA	1 0					20843
ć	death certificate be executed eattending physician and ed for use as the burial-transit	Еха	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying	ı	Jue to (or es e c	onsequence of):				I I	
68760,	sicia bui	edical	thet initiated events	C	Oue to (or es e c	onsequence of):				-	
	ertifica ling ph a as th	Medi	resulting In deeth) Lest	_	200 10 (01 03 0 0	onsequence or,				ì	
Box	attendir for usa			d							
	death	Physician/	Pert II. Other aignificant conditions of	ontributing to death bu	t not resulting in	the underlying cause g	iven in Pert I.	23b. Did tol	bacco uae cor	ntribute to	the cause of death?
P.0	that the de ned by the s deteched	Phy						1 □ Ye	8 20 No	3 Prot	bebly 4 Unknown
	8 56	by	ATRIAL FIBRILLI	111010						,	
D'G	v requires been sign should be	te Z	DEMENTIA					24e. Wes an		ava	ere eutopsy findings allabie prior to
ec	aw 2 s b	ple	- HOHYWIY I'M								mpletion of cause deeth?
=	77 -	Completed						1 □ Ye	s 2 No	10	Yes 2000
of Vital Records,	Physician: The this certificata ral director, pag	Be	25. Was case referred to medical examiner?				26. Place of Deet	h (Check only one	9)		
of	Physic this c	70	1 ☐ Yes 2 No	Hospitel: 1 Appatier		patient 3LI DOA		me 5 Resider			v)
	ding Figh.	lon	27. Manner of Death 1 Neturel 5 □ Pending	28a. Date of Injun (Month, Day		jury Wo		28d. Describe hor	w Injury occurr	ed	
S	9 20 60	cat	2 Accident investigation 3 Suicide 6 Could not be		n. Athoma for		Yes 2 No	28f. Location (Str	mot and Alumb	or or D.:	I Pouto Numbru
Division	or At other Direct	Certification:	4 ☐ HomicIde determined	building, etc.	. (Specify)	m, street, fectory, olfice	19	City or Town,		er or nura	7 Houte Number,
-/	The Court	_ [29e. Certifier Certifying Phy	vaician: To the best of	my knowledge	deeth occurred et the t	ime date and place	and due to the ce	use(s) and me	nner ec et	tolod
(PAS \	edical	(Check only one) 2 Medicai Exam	Iner: On the basis of a	examinetion end	or Investigation, in my	opinion, death occurr	red at the time, de	te end plece,	and due to	the cause(s)
1	To	Me	29b. Signeture end title of certifier	/		29c. Licen	se number	29	d. Dete signed	Month, i	Dey, Year)
,			> MANALU	und	MA	DU	12662		MAG	11.1	996
	10		30. Name end eddress of person who o	completed cause of de	eth (Item 23a) /	Type, Print)	1117		11000	11)(Ι (Ψ
	10		GABRIEL NAZAI	REND 51	1001 120	H RAVEN)	BLVD. BA	KIMOR	F N	0 7	21239
	Sta	te	31. Dete filed (Month, Dev. Year)	32. Registre	r's Signature)	dalla			4		
	Registr	ar	AUG 14 1996	d - 1000	I ACOULANDON						

The property of the second of

item #15, filmg 738, 8/14/96,cyw, per fh
FOR
STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIF	ICATE O	F DEATH	REG.			
	1. DECEDENT'S NAME (First, Middle, Last)	- 0 1				2. DATE OF DEAT	Н		3. TIME OF DEATH
	Kenneth	1. Pet	erso	1		August	DAY 9	1946	11:30pm
		5. SEX 6. AGE	(In yrs. lest birthday)			7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign
	090-07-5680	1 ☑ M 2 □ F 8	YRS.	MONTHS DAYS	HOURS MIN.	JULY 7,	1915	NEW	"YORK
	Sa. FACILITY NAME (If not institution, give stre-	et and number)		9b. CITY, TOW	N OR LOCATION OF D			OUNTY OF D	EATH
DIRECTOR	CHARLESTOWN RETIR	EMENT CARE	CENTER	CATON	SVILLE			BALT	IMORE
EC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, C/1	Y, TOWN OR LO	CATION				10d. INSIDE CITY
E I	MD ANNE	ARUNDEL		ILLERSV				- 1	LIMITS?
	10e. STREET AND NUMBER				10f. ZIP CODE		10a. C	TIZEN OF V	1 YES 2 NO
FUNERAL	8223 BERNARD DRIV	E NORTH		İ	21108			S.A.	
5		12. WAS DECEDENT EVER II			ECENDENT OF HISPA			14. RACE	- American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YES			specify Cuban, Mexico ES 2 🙀 NO Speci)	Specif	, White, etc.
		WW II							WHITE
	15. DECEDENT'S EDUCA (Specify only highest grade on	TION Impleted)	18a. DECEDENT'S (Give kind of Me. Do NOT u	work done during .	TION most of working	16b. KIND OF	BUSINESS/II	NDUSTRY	
2	Elementary/Secondary (0-12) 12TH GRADE	College (1-4 or 5+)	LOBBY	,		FEDE	RAL G	OVERN	MENT
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		BODDI		40 1107117010 111	ME (First, Middle, Ma			
	THOMAS Y. PETERSO	N				T KELLEH		I.	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AODRESS /Strau	t and Number or Rural	Bourte Mumber City or	Enum Chain	Zin Cada)	
2	KATHERINE C. McNA	LLY(DAUGHTE	R) 8223	BERNARD	DRIVE NO	RTH - MI	LLERS	VILLE	MD 21108
	20a, METHOD OF DISPOSITION 1	20b	. PLACE AND DATE	OF DISPOSITION	Name of	OATE 20c	LOCATION -	- City or To	wn. State
	1 L∆ Buriat 2 □ Cremation 3 □ Remove 4 □ Denution 5 □ Other/(Specify)		ATE OF H	ther plece) FAVEN		8/13 S			
	21. SIGNATURE OF FUNERAL SERVICE LICEN			22. NAME	AND ADDRESS OF FA	CILITY		DIKI	NO , IID
	► 101100 C	CALA	15%		RD FUNERA			51	
\neg	23. PART I. Enter the diseases, or con	mplications that caused	the death. Do	HIU/	WILKENS A	VENUE-BA	LTIMOI	RE, MI	21229
	anock, or heart failure. Lit	at only one cause on e	ach line.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ar as serales of the	apiratory a	11001,	Interval Between
	IMMEDIATE CAUSE (Final disease or condition	Liver	Fai	1/11	2				3 mouses
	resulting in death) a.,		CONSEQUENCE O						-mon19
z									
일	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):					
5	CAUSE (Disease or Injury								
E	thet initieted events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):					
CERTIFICATION	d.,						_		
7	PART II. Other significant conditions	contributing to death b	ut not resulting	in the underly	ng cause given in	Part I. 24a, WAS	AN AUTOPS	y 24b.	WERE AUTOPSY FINDINGS
DICAL							FORMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE
ME									OF DEATH?
ž	DID TOBACCO USE CONTRI	BUTE TO CAUSE O	F DEATH YE	S NO	UNCERTAI	N 🔲		- 1	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEA		•)				
Ž.		☐ Inpetient 2 ☐ ER/Outp	atlent 3 DOA	OTHER:	ome 5 🗆 Rasidenca	6 Other (Specify)			
H	27. MANNER OF OEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM		NJURY AT YORK?	28d. OESCRIBE HO	W INJURY O	CCURED	
B	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO				
	3 Suicide 8 Could not be	28a. PLACE OF INJURY building, etc. (Spec	— At home, term,	street, factory, of	lice	281. LOCATION (Str. City or Town, St		er or Rural R	oute Number,
Ĕ									
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYINO PHYSICIA								
Š	one) 2 MEDICAL EXAMINER:	On the beals of examination	and/or investigation	n, in my opinion.	death occured at the	time, data and place	and dua to	the cause(s)	and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	m			29c. LICENSE NUI		29d. DA	TE SIGNED	(Month, Day, Year)
TO B	N/ h	14/)			D340	75	► B	24941	+ 19,1881
F	30. NAME AND AGORESS OF PERSON WHO	Saum h			de. (1.	215-1	140	611	228
	31. DATE FILED (Month, Day, 16ar) 1000	32. REGISTRARE SIGN	ATURE P	7/		0,180	-, 6	J	
	MUL - + 1336	July and alle	ACK A CARREST						

IVA

TO THE MORTAN OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE MURTAN DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use 2, 3 should be detached for use 3 should be detached for

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

DHMH-16 Rev 1/89

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3 Time of Death **Physician** AUG LEON PENN 96 2:57PM /Medical 4a. Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** HOWARD COUNTY GENERAL HOSPITAL HOWARD DLUMBIA If Undar 1 Yaar If Under 24 Hrs. 8. Date of Birth Hours Min. (Month, Day, Year 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Days Months 1X M 2□ F 238-62-7793 90 Yrs Director Aug. 21, 1905 Washington, DC Usuel Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiena. Important: If Itam 27 is marked other than "natural", or Items 23s or 28s-f show any Injury or other traumatic event, the Medical Experiment than the normal space. 10a Stata 10b. County 10c. City, Town or Location 10d Inside City Limits MD Howard 1 Yes 2 No Ellicott City Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 4077 Fragile Sail Way 21042 USA Funeral 12. Was Decedant Ever in U,S. Armed Forcas? Was Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, atc.) 14. Rece - Amarican Indian, 11. Marital Status Bleck. White, etc. 1 ☐ Yes 2 X No If Yas, Giva Year or Detes: 1 ☐ Naver Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 💆 No Specify: Black þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) Church Clergyman 17. Fathar's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Be Robert S. Penn Nannie Bell Austin 2 19e. Informent's Neme/Reietlonship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Myra V. Penn (Wife) 4077 Fragile Sail Way, Ellicott City, MD 20b. Plece of Disposition (Name of cematary, crematory or other plece) 20e. Method of Disposition Aug. Dete 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 13, 1996 Chesapeake Crematory Beltsville, MD 4 ☐ Donetion 5 ☐ Other (Specify) 22. Nama end Address of Facility
Witzke Funeral Homes, Inc. 21. Signeture of Funaral Service Licensee 5555 Twin Knolls Rd. Columbia, MD 21045 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feiture. List only use cause on each line. Physiclan Immediete Cause (Finel diseesa or condition resulting in death) /Medical 1 DAY Examiner Due to (or es e consequence of) Examiner MEUMONIA DAY The law requires that the death certificate be axecuted attending physician and for usa es the burial-transit Sequentially list conditions, if any, leeding to immediata cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in deeth) Last Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or es e consequence of): signed by the a d be detached f Pert II. Other significant conditions contributing to death but not resulting in the undarlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown ESOPHAGEAL DILITATION, PERIPHERAL VASCULAR DISEASE, þ 24b. Were autopsy findings aveilable prior to completion of cause of death? 24e. Wes en autopsy performed? COROLLARY ARTERY DISEASE, HYPERTENSION page 2 s has 1 ☐ Yes 2 No 1 Yes 25 No cartificate Hospital or Attending Physician: Be 25. Wes cese referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 1 Inpetient 2 ER/Outpetient 3 DOA Aftar this funaral 27. Menner of Deeth Certification: 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Wetural 5 Pending aftar death. 1 ☐ Yes 2 ☐ No 2 Accident investigetlon 3 Sulcida 6 Could not be 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide 24 hours edicai 29e. Certifier (X Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete and place, end due to the ceuse(s) and manner as steted. 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end place, end due to the ceuse(s) and manner steted. 29b. Signature and fittle of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 0 038296 AUG 11, 1996 they in 30. Neme and address of person who completed ceuse of deeth (Item 23e) (Type, Print) JOSEPH F. GIBBONS MD 1029 OLD ANNAPOLIS RD ELLICOTT CITY, MD 31. Dete filed (Month, Pay, AUG 14 1996 State - Registrar

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

24175

Approximate interval Between Onset end Death

10:30 A

Birthpieca (State or Foreign Country)

VA 10d. inside City Limits Yes 2□No

Physic /Med Exami	ical	LAURA 4a. Facility Name (If not institut.			umber)	R	OBE	RT	5	ON Ib. City, To	own, or Le	AVGU pocation of De	ST 1/	bunty o	796 10:3
Funeral	Ш	Church Home 5. Sociel Security Number	Nu 6. Se	rsinc	Cen	ter yrs. last birth		Jnder 1 Y	/ear	if Under	B 24 Hrs.	altin	nore		n/a 9. Birthpieca (State Country)
Director	_	215-32-0442 Usual Residence of Decedent	1] M 2€2#		98 v	rs.	nths D)eys	Hours	Min.	Feb.	Birth Day, Year) 16,18	398	Country) V
with the Maryland a or 28a-f show be notified at	tor	10a, State 10b. Coun		/a	10c	. City, Town	or Locatio Balt		re						10d. inside
th with the M 23a or 28a-l ust be notifit	al Director	10e. Street and Number 1632 Pentwoo	d R	d.			10	of. Zip Co		239			10g. Citize		hat Country?
ter dea thems	by Funeral	11. Meritei Stetus 1 □ Never Married 2 □ Ma 3 ☑ Widowed 4 □ Divorce	rried	12. Wes Dec Armed F 1 Yes If Yes, G Year or I	orces? 2 2 No ive	in U,S.		Decedent , specify 'es 211		ispanic Or on, Mexica Specify:		ecify Yes or Rican, etc.)		Black	- American Indian, White, etc. Black
21215-0020 d within 72 hours at plane. r than 'netural, or the Medical Exam	Completed	15. Decede (Specify only high Elementary/Secondary (0-12)	est grad	e completed,) (1-4or 5+)	- (Decedent's Give kind life. DO N	of work d OT use r	done d	durina mos	t of work	ing			iness/Industry Maker
Maryland 3 2 should be filed in and Mental Hygr 7 is merked other traumatic event,	To Be C	17. Fether's Name (First, Middle Preston Wats			,								die, Maiden S)
2 4 N L	-	19a. Informant'a Name/Relation			ıter		_								State, Zip Code)
Baltimore, emit. Pages 1 a Septiment of Hea myoriant: if the my injury or othe face.														City or Town, State	
Balti permit. Departri Importa any inja		21. Signature of Funeral Service	(2 - h	4ort		22. Nar Jan 170	ne end A Nes D1 L	A.	ss of Fecili Mor rens	ton St	& Sc • Bal	ons Fu	Jne:	ral Home 21217
Physician /Medical Examiner	,	23a. Part1. Enter the disease, shock, at hert feilure. Li immediate Cause (Finel disease or condition resulting in death)	or compli st only or	cations that he ceuse on	ZHE	EIME	R	5				or respirator UTI			Approxim interval B Onset en
Box 68760, seth certificate be executed attending physician and for use as the burial-transit	cian/Medical Examine	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated eventa resulting in death) Last	{	AT	RIAL	o (or as a co	BR	ıll	A	TIV	W	AILL	IKE		
• 5 • 2	Phys	Part ii. Other significant condi	ions con	atributing to c	death but not	resulting in	he underl	ring caus	se giv	en in Part	l.		Pid tobacco u		tribute to the caus
Division of Vital Records, P.O. or Attending Physician: The law requires that the de after death. Director: After this certificate has been signed by the I in by the funeral director, page 2 should be detached	Completed by											24a. W	as an autops erformed?	зу	24b. Were autops available pric completion o of death?
of Vital Rec nysician: The law lis certificete has bild director, page 2.9												1	□ Yes 2	No	1□Yes 2
of Vita Physician: r this certific	o Be	25. Was case referred to medic examiner? 1 ☐ Yes 2 2 No	-	lospitai:	inpatient	2 ☐ ER/Outp	atient 3	□ DOA	Oth			h <i>(Check</i> on ome 5□R	ly one) esidenca 8	Othe	r (Specify)
Division of or Attending Physical death. Director: After this in by the funeral di	ertification: T	27. Manner of Death 14 Natural 5 Pence 2 Accident Invest	tigation		of injury oth, Day Yea			28c.	injun Worl	y at			be how injury		
Division of Attendia after death. Director: A in by the fu	ertific	3 Suicide 6 Coui 4 Homicide deter	not be mined	28e. Piac build	e of injury - / ling, etc. (Sp	At home, farr	n, street, f	actory, of	ffice			28f. Locatio City or	n (Street and Town, State)	Numbe	r or Rural Route No

Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 2 N No 1 🗆 Yes 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residenca 8 Other (Specify) 1 Yes 2 No 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manger of Death 28a. Date of injury (Month, Day Year) 28b. Time of injury 28c. injury at Work? 28d. Describe how injury occurred 1 Naturai 2 Accident 5 Pending Investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide 28e. Place of injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cauae(s) and manner as stated.

2 Medicat Examiner: On the bests of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one)

29b. Signature

AUG 14

29d. Dete signed (Month, Dey, Year)

a ruidson

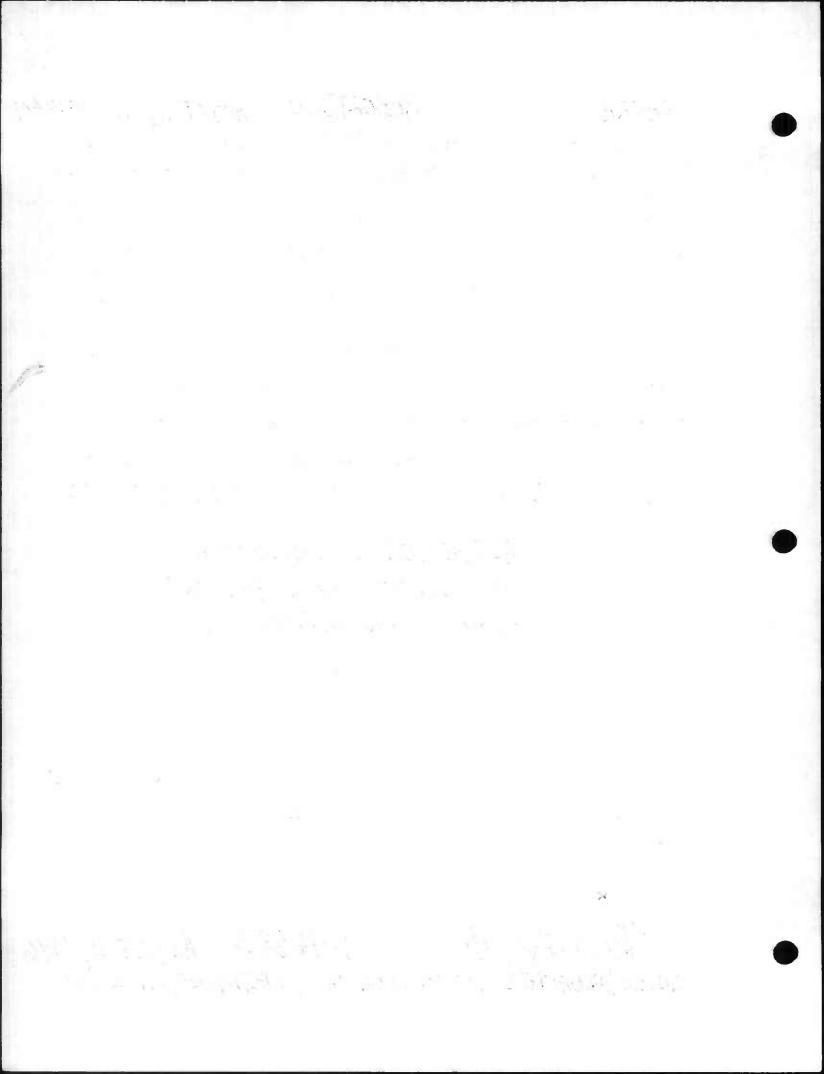
State Registrar

Certification: To

Medical

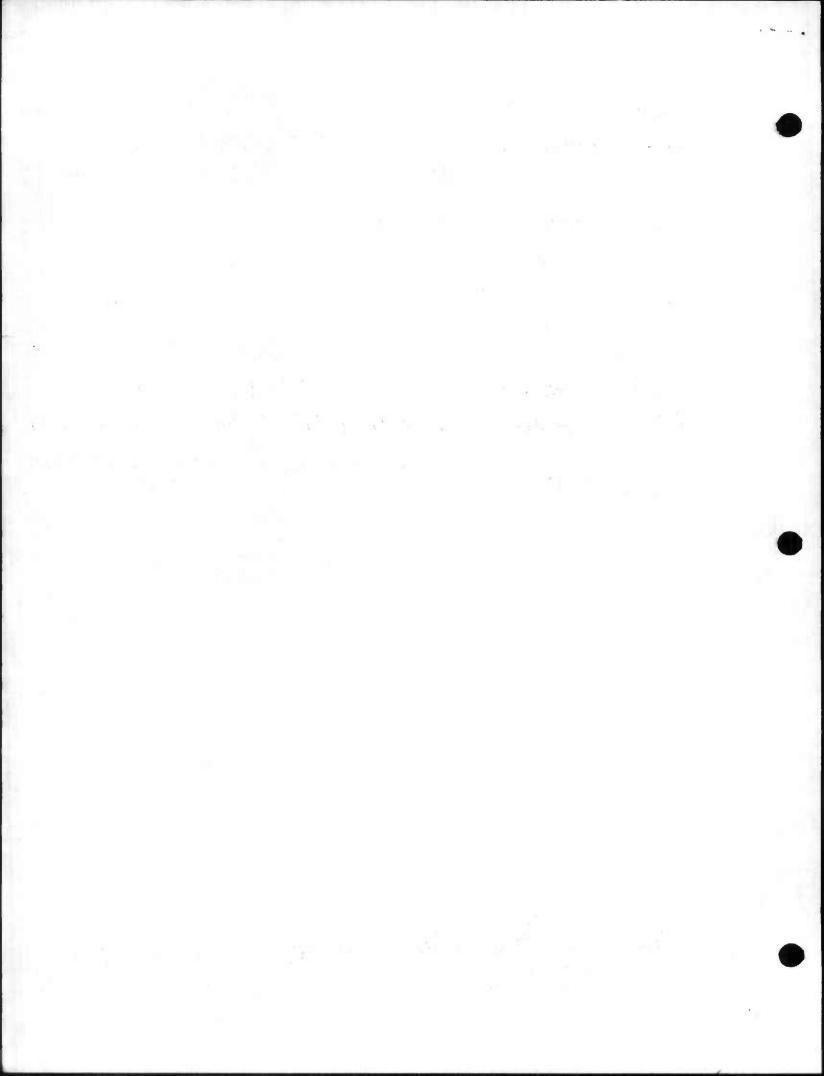
To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifice



State of Maryland / Department of Health and Mental Hygiene 96 24 176

				Certificate of Death	Reg. No.	- 1.70
	Dhaoi	lon	Decedent's Nama (First, Middla, Last)		2. Data of Death Month Day	3. Time of Death
	Physic /Medi		Mullicent W. RaiRigh		Aug. 12 199	76 10:45AM
	Exami		4a. Facility Nama (If not institution, give street and number)	4b. City, Town, or L	ocation Death 4c. County of	of Deeth
			10329 Malcolm Circle	Cockeys	ville Balt	IMORE
	Funeral		5. Sociel Security Number 6. Sax 7. Aga (in yrs. last b	Months Days Hours Min.	8. Dete of Birth (Month, Day, Year)	Birthpiaca (State or Foreign Qountry)
н	Director	г.	001-10-2718	Yrs.	June 11, 1913	VIRGINIA
	put *]	Usuel Rasidence of Decedant 10a. Stata 10b. County 10c. City, Tox	wn or Location		10d Innida City Limita
	sho sho	2		1.1		10d. Insida City Limits 1 ☐ Yes 2 ☑ No
	the Menylan 28a-f show neutled at	Director	Maryland Saltimore Cock		40-011	
	with o	ä	10220 Malasta C. 1010	10f. Zip Coda	10g. Citizan of W	nat Country?
	seth w	Funeral	11. Marital Status 12. Wes Decedant Evar In U,S.	13. Was Decedent of Hispanic Origin? (Sp	COA	- Amaricen Indien,
	Hems Instrum	5	1 Navar Married 2 Married 1 Yas 2 No	If Yas, specify Cuban, Mexicen, Puerto		, White, atc.
21215-0020	be filed within 72 hours after deeth with the Meryland rel Hyglene. d other than "naturet", or items 23a or 28a-f show event, the Medical Examiner must be notified at	by	3. Widowed 4 □ Divorced Yaar or Datas:	1 ☐ Yas 2 ☑ No Specify:	Specify:	White
9	e filed within 72 hours of Hyglene. other than "naturel", vent, the Wed cal Exa		15. Decedant's Education 188	a. Decedant's Usual Occupation	16b. Kind of Bus	sinass/Industry
215	hin 7	Completed	(Spacify only highast grade completed) Eiamentary/Secondary (0-12) Coilega (1-4or 5+)	(Give kind of work done during most of work lita. DO NOT usa retired)	king C.D.To	Lookaria Com
2	filed with Hyglene. ther ther	-OC	12 yrs.	ecounting Departme	ent CIPIE	reprient Com.
B	Very Very	Be	17. Father's Neme (First, Middla, Last)	18. Mothar's Nam	na (First, Middle, Malden Surnema	1)
yla	2 should be end Mentel is marked o	2	ERNEST B. WILSON	1383511	e Lee Falls	ey
Maryland	s i end 2 should be filed within 72 ho if Health end Mentel Hyglene, them 27 is marked other than "natur other traumatic event, the Medical		19a. Informant's Name/Raletionship (Typa, Print)	b. Malling Addrass (Street and Number or Ru	ral Routa Number, City or Town, S	Stata, Zip Code)
	1 end 2 Health em 27 I		Katherine B. Rairigh Idaughter:	308 Marydell Rd. B	altimore Mary	1/and 2/224
ore	it of H if ther or off		20a. Mathod of Disposition	of Disposition (Name of ery, crametory or other place)	Aug. 20c. Location 10	City or Town, Stata
Baltimore,	Pe Int.		4 Donation 5 Other (Specify)	ey Valley Memorial Gardins	15,1996 IIMONIU	m. MORYLAND
Salt	permit. Pe Depertment important: any injury		21. Signature of Funarai Salvice Exemple	22. Name and Address of Facility	2325 VO	RK Rd.
ш	201129		Drave Drave	Evans Chapel of Chi	MOR TIMOLULIN	1 Md 21093
	_		23a. Part 1. Enter tha disaasa, or complications that ceused tha daath. Do shock, or haart failura. List only one cause on each line.	not antar tha moda of dying, such as cerdiac	or raspiratory arrast,	Approximate Interval Batween
ď	Physician		į	1)		Onset and Death
	/Medicai Examiner		immediata Causa (Final diseasa or condition	ER FAND HERMIL ME	TASTASES.	
	ZAGIIIII	_	rasulting in death) Dua to (or as a	consequance of):		
	neit ist	nin	b			
	icate be executed physician and s the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Entar Underlying Causa (Disease or injury c.	consequence of):		
60	Slcian buria					
68760	entificate be executed ding physician and se es the burial-transit	Medical	rasulting in daath) Last Dua to (or as a	consequance of):		
XO	0 2 3		d			
Ď	death e etter ed for u	Physician	Part II. Other eignificant conditions contributing to death but not resulting	is the underlying source given in Part I	02h Did tohana wa and	tribute to the cause of death?
0	the ache	hys	Tartin. Other argumeans conditions contributing to beauti but not resulting	in the underlying couse given in Part i.		3 □ Probably 4 € Unknown
S, P	s tha	by P			18 166 28 110	Tobbby Agonilow
rdg	requires that been signed b should be delt				24a. Was an eutopsy	24b. Wara autopsy findings
Record	7 0	piet			performed?	available prior to completion of ceusa of death?
æ	0 - 6	Completed			1 ☐ Yas 28 No	1 ☐ Yas 2 ☐ No
Vital	ician: The certificate rector, pag	Be C	25. Was cesa rafarred to medicel	26. Place of Dea	th (Check only ona)	10100 2010
> -	Q 60 %	To	axaminar? 1 ☐ Yas 2型 No Hospitai: 1 ☐ Inpatient 2 ☐ ER/O	Other	oma 5⊠ Residence 8 □Otha	r (Specify)
n of				Tima of 28c. Injury at Work?	28d. Dascribe how injury occurre	od
Ö	Attending or death. sctor: After by the fune	atic	2 Accidant invastigation	M 1 Yas 2 No		
Division		Certification:	3 ☐ Suicida 6 ☐ Could not be datarmined building, atc. (Specify)	arm, straet, factory, office	28f. Location (Street and Number City or Town, Stata)	r or Rural Route Number,
	ital or at Dir led in	Ce				
	To the Hospital o within 24 hours aff To the Funeral Di completely filled in	edicai	29a. Cartifiar (Check only (C	a, daath occurred at tha tima, data and place,	end due to the cause(s) end man	nar as stated.
	the the the the the the the the the the	Med	end mannar stated.			
	1 V CO.	-	29b. Signature end titia of certifiar	29c. License number		(Month, Day, Year)
	-60		Mary of when the	N 11111	AUGUST	74 1996
1	7		30. Neme and address of person who combileted ceusa of daath (item 23a)	V) D41141 (Type, Print) 2 GREENMEADOW D,	1 Tus	MI DIMO
			31. Data filad (Month, Day, Yaar) 32. Registrar's Signatura	X OREENMEGION W,	K. IIMOUIUM,	10. 21045
	Sta	te ar	AUG 1 4 1996 June Davidson	Randalla		



State of Maryland / Department of Health and Mental Hygiene 96 24 177

								Cei	tificat	e of	Death			Reg. No		- too		
	Physic /Medi		Decedant's Nama (First, AGNES GERTR										2. Data of De Month AUGUST	ath Day		Yaar 6		a of Death
	Exami		4a. Facility Nama (If not inst MANOR-CARE-				IOME				4b. City, To		ocation of Daath		County	of Death		
	Funeral Director		5. Social Sacurity Number 216-14-1082 Usual Rasidanca of Dacada		Sax □M 2DXF	7. Aga (/	n yrs. last bii 94	rthday) Yrs.	If Undar Months	1 Yaar Days		24 Hrs. Min.	8. Data of Bir (Month, Da SEPT . 1	th y. Year) B, I	901	9. Birthpla Count CONN	aca (Sta ny) IECT	ata or Foreign
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	or 28	- Sec	10e. Street and Number						10f. Zip	Coda				10g. Cit	izan of V	What Countr	ry?	
	ath w	ra	2618 COLE ST	REET							21223				U.S.	Α.		
020	within 72 hours after death with the Marylend ene. than "naturet", or itema 23a or 28a-f show re Marical Exeminer must be notified at	by Funeral Olrector	11. Marital Status 1 ☐ Nevar Married 2 ☐ 3 ☐ Widowed 4 ☐ Div		12. Was Dad Armed F 1 Yas If Yas, G Yaar or I	orcas? 2√∑ No iva	ar in U,S.		Vas Deced ! Yas, sped ☐ Yas				ecify Yas or No Ricen, atc.)	-		a - Amarice ck, Whita, a	tc.	n,
5-0	72 hc netur	eted	15. Dec	edant's Ed	ducetion ida complated)	16a	Deced (Giva	lant's Usua kind of wo	al Occu	pation during mos	st of work	ina	16b. K	Ind of Bu	usinass/indu	ustry	
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ē,	tem 27 other tra		20a. Mathod of Disposition	(211	JOHI LIK)		20b. Place 0	f Dispo	sition (Nar	na of			Data			City or Tow		8.
E	Peges nent of H int: If ite iry or of		1 ☑ Burlal 2 ☐ Crams 4 ☐ Donation 5 ☐ Oth			Stata	NEW CA		n <i>atory</i> or o DERAL			Y i	8/12	BA	LTIN	MORE		
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	Physician /Medical Examiner	ner	Immediata Causa (Final disaasa or condition resulting In daath)		a	eta		7 <	Co								Onsat a	Monf
Box 68760,	h certificata be executed anding physician and r use es tha burial-transit	an/Medical Examiner	Sequantially list conditions, if any, laading to Immadiate cause. Enter Underlying Cause (Disaese or Injury that initiated avants rasulting in death) Last	{	c		a to (or as a									1		
P.0.	that the deeth cert ed by the ettandin detached for use	y Physician	Part II. Other significant co	nditions o	ontributing to d	leath but n	ot rasulting I	n tha ui	ndarlying c	ausa gi	ivan In Part	1.	23b. Did		use co	ntribute to		ise of death?
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		Con											10	Yas 2	000	10	Yas	No No
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	6		30. Nama and addrass of pa DR. WILLIAM	D M	complated cau	sa of daati	h (Itam 23a) 500 W.	(Type,	Print) IVF.RS	SITY	PARK	WAY-	SUITE 1	-G-B	ALT	IMORE.	MI	21210
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DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedant's Neme (First, Middla, Last) 2. Date of Deeth 3. Time of Death Day Vasi 4:50 P.M lichardson 1996 erda Quoust 13 4e. Facility Name (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Arunde 7. Aga (In yrs. last birthdey) If Under 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Yeer) North Arundel Itaspital Birthplece (State or Foreign Country) 5. Social Security Number 1□M 2☑F Yrs 401-48-8603 90 7-27-1906 KENTUCKY Usual Rasidance of Decedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yas 2 No KENTUCKY JOHNSON PAINTSVILLE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 613 MAIN STREET 41240 U.S.A. Wes Decedent Ever in U,S. Armed Forces? Was Decedani of Hispanic Origin? (Specity Yes or No-It Yes, specify Cuben, Maxican, Puarto Rican, atc.) 11. Marital Status 14. Race - Amarican Indian, Bleck, White, atc. 1 Navar Merried 2 Married 1 Yas 2XXVo Specify: WHITE 3℃Widowed 4 Divorced 16a. Decedant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) 8 YEARS HOMEMAKER OWN HOME 17. Fathar's Neme (First, Middla, Last) 18. Mother's Name (First, Middle, Melden Sumeme) MAYO HAMMOND CORA PROFITT 19a. informant's Name/Raletionship (Type, Print) 19b. Malling Addrass (Straat and Number or Rural Route Number, City or Town, Stata, Zip Code) 888 BEACH TREE ROAD SEVERN, MARYLAND LINDA E. CANTRELL(DAUGHTER) 21144 20b. Place of Disposition (Name of cemetery, cremetory or other plece) 20a. Mathod of Disposition Dete 20c. Location - City or Town, Stete 1 Burlei 2 Cramation 3 Ramoval from Stata 8-16-96 HIGHLAND MEMORIAL PARK 4 ☐ Donation 5 ☐ Other (Specify) STAFFORDS, KENTUCKY 21. Signature of Puneral Service Liomage 22. Nema and Addrass of Facility THE SINGELTON FUNERAL HOME 1 SECOND AVE. S.W. GLEN BURNIE, MD iss, or compliantions that caused the deeth. Do not enter tha moda of dying, such es cardiac or raspiretory arrast, a. List only one causa on aach lina. rtt. Enter the 60 Onset and Death immediata Cause (Final diseasa or condition rasulting in deeth) PNEW MONIA Dua to (or as a consequence of): CONGESTIVE HEAR Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated avants resulting in death) Last Due to (or as a consequence ot): Dua to (or as e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Ware autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 2 No 1 Yas 2 No 25. Was casa referred to medical examiner? 26. Placa of Deeth (Check only ona) Hospital: Othar: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Inpatiant 1 Yes 2√ No 2 ER/Outpatient 3 DOA 28a. Data of injury (Month, Day Year) 27. Manner of Death 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? 5 Pending Invastigetion 1 Natural 1 Yes 2 No 2 Accident 6 Could not be detarmined 3 Sulcide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Piece of injury - At homa, ferm, straat, tactory, office building, etc. (Specify)

The law requires that the death certificate be asscuted Division of Vital Records, P.O. Box 68760, Physician: Bulgur

attanding physician and for use as the buriel-transit signed by the a d be detached f been si rector, page 2 s 4 After

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(Check only one)

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29e. Certifier

Funeral

Director

State Registrar 29b. Signature and titla of certiflar

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29c. Licanse number

29d. Data signed (Month, Day, Year)

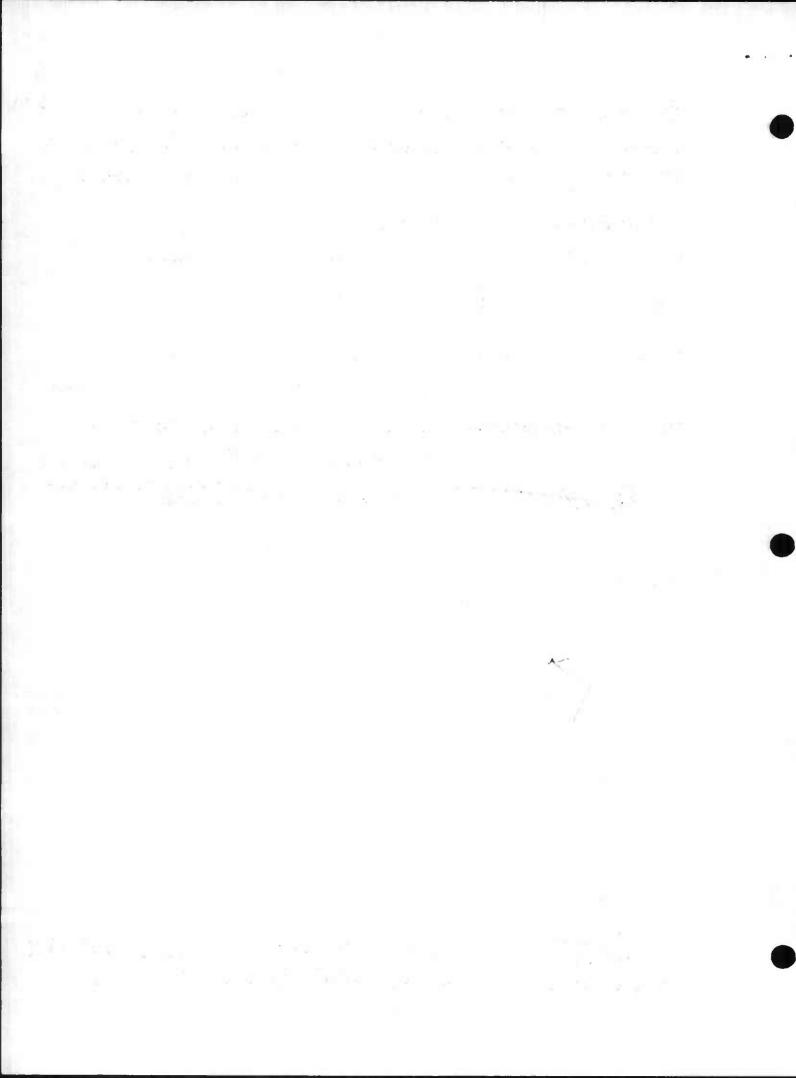
30. Name and addrass of person who complated causa of death (Itam 23a) (Type, Print) HOPPITAL OKETHUT! LINDAN 301

1 Cartifying Physician: To the best of my knowledga, death occurred at the time, dete end place, and dua to tha causa(s) and mannar as stated.

2 Medical Examiner: On the basis of examination and/or invastigetion, in my opinion, deeth occurred at the time, date and place, and due to the causa(s) and manner stated.

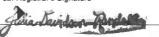
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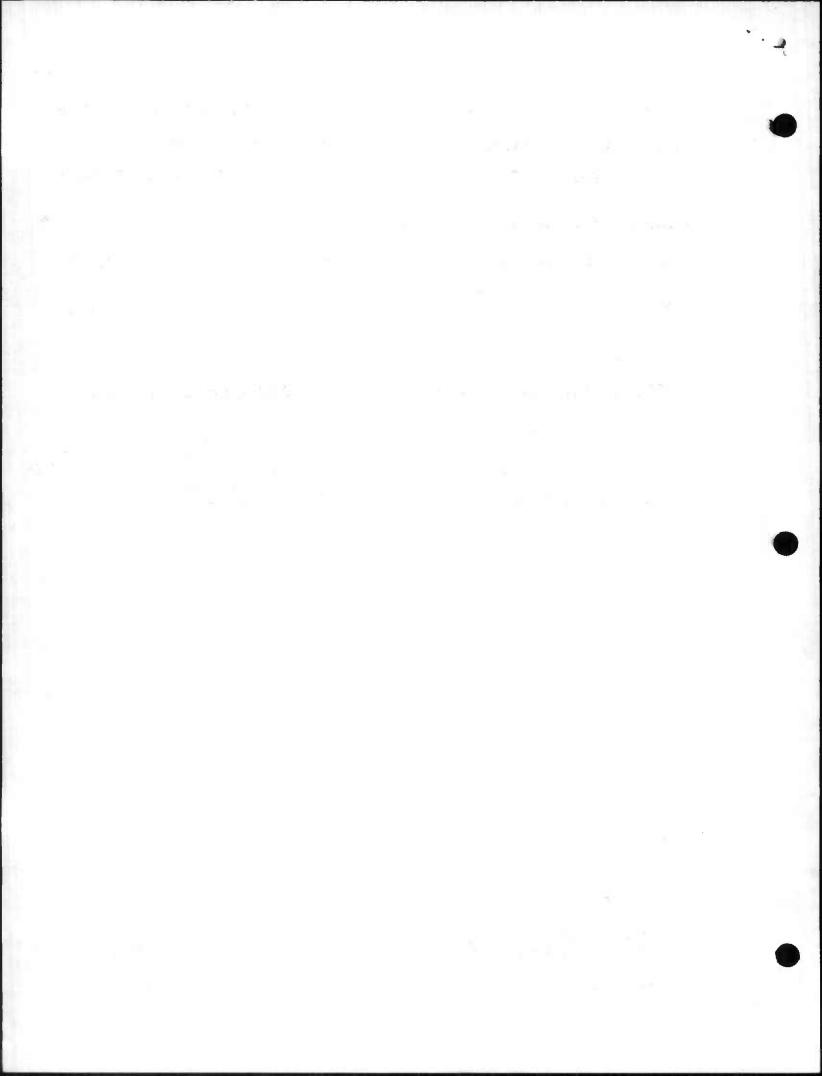


State of Maryland / Department of Health and Mental Hygiene

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ď	Examir		4a. Facility Name (If not institution, give				4b. City, Town, or I		4c. County		
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<i>)</i> ::	/Medical		Immediata Cause (Final disease or condition	7.7			_				100
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u C	After t	lon:	27. Menner of Death 1 Natural 5 □ Pending	28e. Date of Injury (Month, Dey Year)	28b. Time of Injury	28c. inje		28d. Describe ho	w injury occur	red	
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Division	I or Attending P after death. Director: After I d in by the funer	Certification:	4 ☐ Homicide determined	28e. Place of Injury - At building, etc. (Spec	nome, tarm, stre cify)	et, factory, office		28f. Location (St City or Town		er or Hurar Hou	te raumper,
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	alc	29a. Certifier to Certifying Physics	sician: To the best of my kr	nowledge, death	occurred at the t	ime, date and place	and due to the ca	ause(s) and ma	nner as stated.	
	n 24 }	edical	(Check only 2 Medicat Examinate)	ner: On the basis of axamir and manner stated.	ation and/or inve	estigation, in my	opinion, death occu	rred at the tima, d	ate and place,	and due to the	cause(s)
	To the To the	Σ	29b. Signature and title of certifiar	- 1. 1		29c. Licer	se number	2	9d. Data signe	d (Month, Day,	Year)
			Down C DM	u MD			D20376	6	750-106	T12 1	994
U	112	1	30. Name and address of person who co	empleted cause of death (Ite		Print)	thervill	2 10-	1 2	1003	
¥	1	-	31. Data filed (Month, Dey, Year)	KOHTS 2	61-B	LU	Thervill	e, rn	0 21	093	
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DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

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5.00		Decedent's Name (First, Middle,	Last)							2. Date of Dea		V	3. Time of	f Death
Phys		Constance	Jo	an		Satmo	וותו			Month July	Dey 31. 19	96	11:30	a m
/Me Exan	dical	4a. Facility Name (If not institution,				_ Out Ciric		b. City, To		cation of Deeth	4c. Count		11.50	0.111
- LAUI		8118 Overlook 1						Fred	oric	b	Frod	erick	,	
Funer	al		S. Sex	7. Age (In yrs.	last birthday)	If Under 1	Year	If Under	24 Hrs.	8. Dete of Birth (Month, Day			place (State o	or Foreian
Directo	_	273-34-9367	1 □ M 2 🗓 F	60	Yrs.	Months	Days	Hours	Min.	Apr. 2	, Year)	Ohio	ntry)	
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M M		10a. State 10b. County		10c. Cit	y, Town or Lo	cation						1	0d. Inside Ci	Ity Limits
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ter death with the Maryland Items 23a or 28a-f show ther must be notified at	Director	10e. Street and Number				10f. Zip C	ode				0g. Citizen of	What Cour	itry?	
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artmen artmen ortant: injury					22	Name and	Address	s of Facilit	hv					
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	_	23a Part 1. Enter the disease, or of	100	de						d 2120				
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or Attendation of Director:	Certification:	4 ☐ Homicide determine	buildi	of Injury - At ho ng, etc. (Specify	()	oot, ractory, t	MICH			City or Town		ou vi riule		1201,
To the Hospital or within 24 hours afte To the Funeral Dir completely filled in		20a Carillas	Phone T	hant of the state	. de ade		40							
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		- Cuty	A. /	The	0 0	-	1-11	8191			8/5	F6		
		30. Name and address of person wh	o completed caus	e of death (Item	23a) (Type,	Print)	,							
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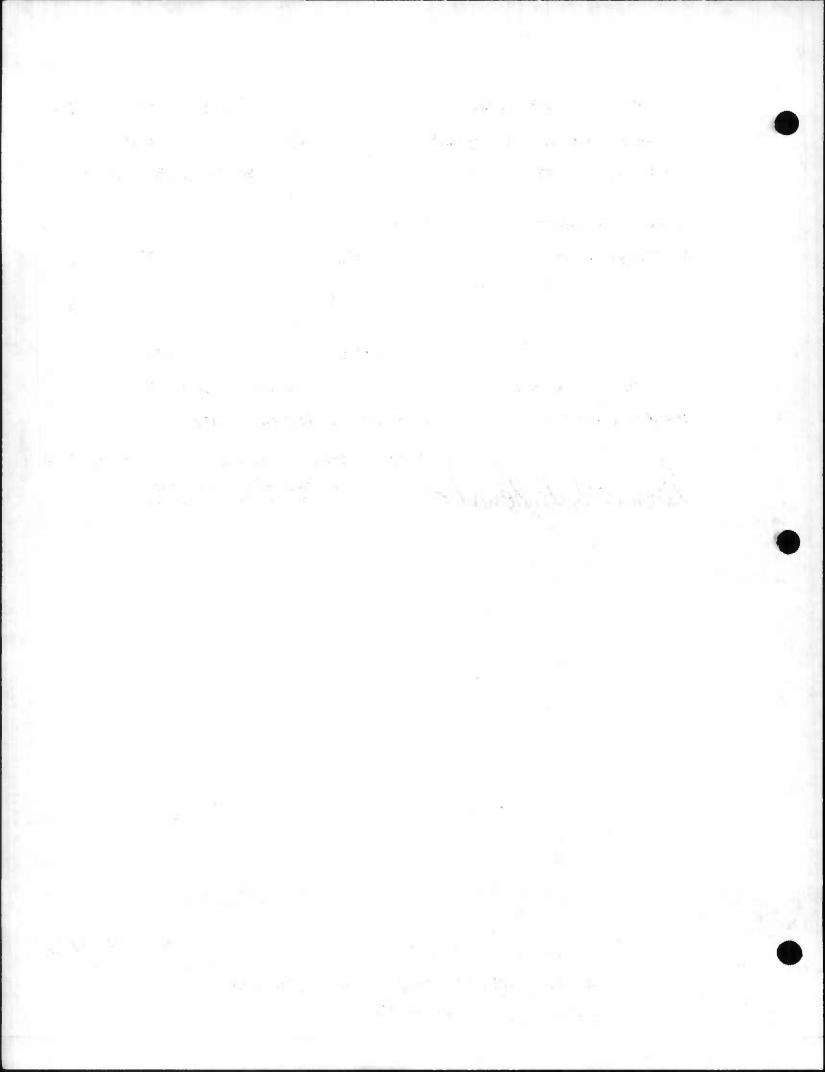
State of Maryland / Department of Health and Mental Hygiene 96 24 181

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	/Medi	cal	PAWLINE 4e. Façility Neme (If not institution, give		7		4b_City, Town, or L	AUGUS		1990	7,00 P		
	Exami	ner	Narthurs	(fospile)) (Dules	Raudal	18 Grove	D Be	lli'u	neres		
	Funeral Director		5. Sociel Security Number 6. Security Number 117-16-6986	Aga (In yrs	s. last birtho	Months Davs	If Undar 24 Hrs. Hours Min.	8. Deta of Birt (Month, Da September	th y, Year) 14,1922	9. Birthplac Country Mary	ca (State or Foreign		
	yland Mana		10a. Stata 10b. County	10c. C	city, Town o	or Location	<u>-</u>			100	d. Inside City Limits		
	ith the Marylar or 28a-f show	ctor	Maryland N/A		Balt	timore					Yas 2 No		
	or 28	Director	10e. Street and Number		-	10f. Zip Code			10g. Citizen of \		N.		
	ath w	rai	5961 Western Park			21209				JSA			
21215-0020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural;, or items 23a or 28a-f show may highly or other traumatic avant, the Mod cal Examinat must be notified at 2006.	by Funeral	11. Marital Status 1 Never Merried 2 Married 300 Widowed 4 Divorced	12. Was Decedent Evar In Armed Forces? 1 □ Yas AA No If Yas, Giva Yeer or Detes:	U,S.	13. Wes Dacedant of H If Yas, specify Cube 1 ☐ Yas 2 (☐ No	lispanic Origin? (Sp an, Mexican, Puarto Specify:	ecity Yes or No Rican, atc.)	Specify	ce - American ck, Whita, etc			
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lan	lentai ked c	To Be	Charles Edward B	rown			Sarah B	Elizabeth Shipley					
Maryland	a mer	-	19a. Informant's Name/Ralationship (T	ype, Print)	19b. N	Mailing Addrass (Street	and Number or Rui	ral Routa Numbe	er, City or Town,	Stata, Zip C	oda)		
	1 and 2 Haalth em 27 li			Daughter	6047	7 Falls Roa	d Baltimo	ore, MAr	yland 2	1209			
Baltimore,	Pages 1 nent of H int: If iter iry or oth		20a. Mathod of Disposition Burial 2 Cramation 3 Di			7 Falls Roa Isposition (Nama of crematory or other plea							
tim	t. Partmentant:		4. □ Donetion 5 □ Othar (Specify	Dul	aney V	alley Memoria							
Bal	permit. Page Department of Important: if any injury or		21 Signature of Funerel Sarvice Licens	d Home	2.								
	Dhambalan		23a. Part1. Enter tha disease, or comp shock, or heart failura. List only	na cause on each line.	ath. Do not	t antar the mode of dylr	ng, euch es cardiac	or raspiretory er	rest,	ir	Approximate nterval Between Onset end Death		
	Physician /Medical Examiner		immediata Causa (Final disease or condition rasulting in death)	a. RES	PIR	ATONY nsaquenca of): Prof	FAIL	URE			6 days		
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	tificata be executed ig physician and as the burial-transit	Examiner	Sequentially list conditions,	0		nsequence of):							
50,	oe exection a		Sequentially list conditions, if any, leading to immadiate cause. Entar Undarlying Cause (Diseese or Injury			į							
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Box 6	\$ D4	VMe						<u> </u>					
	death cert	Iclar	Part II. Other significant conditions co	atribution to death but not re	cuitles le th	na undadulas sausa sir	on in Bost :	22h Did	lohanna uma na	mtelbute to t	the cause of death?		
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Division	or Attendi	Certification	3 Suicida 8 Couid not be datamined	28a. Placa of injury - At building, atc. (Spec		, streat, fectory, offica		28f. Location (S City or Tox	Street and Numb vn, Stata)	er or Rural F	Routa Number,		
۵.	houn	1 1	29e. Certifiar 1 Certifying Phy	sician: To the best of my kn	owledga, d	laath occurred at tha tin	ne, date and piace,	and dua to tha	causa(s) and ma	annar as stat	ted.		
J	1 2 2 A	Medical	(Check only 2 Medical Exami	iner: On the basis of examin and manner steted.	ation and/o	or investigetion, in my o	pinion, daath occur	red at tha time,	deta and piace,	and due to th	ha cause(s)		
	DE ON	W	29b. Signatura and titla of pertiller	Qui 3	W,D	29c. Licens	a number 4472V	_	29d. Data signe AUGUJ	d (Month, De	ay, Year)		
	6		30. Name end address of person who co	omplated calque of death (its	ım 23e) (Ty	rpe, Print)	1005	18.	~ 11	Es on	3, 1996 Centre		
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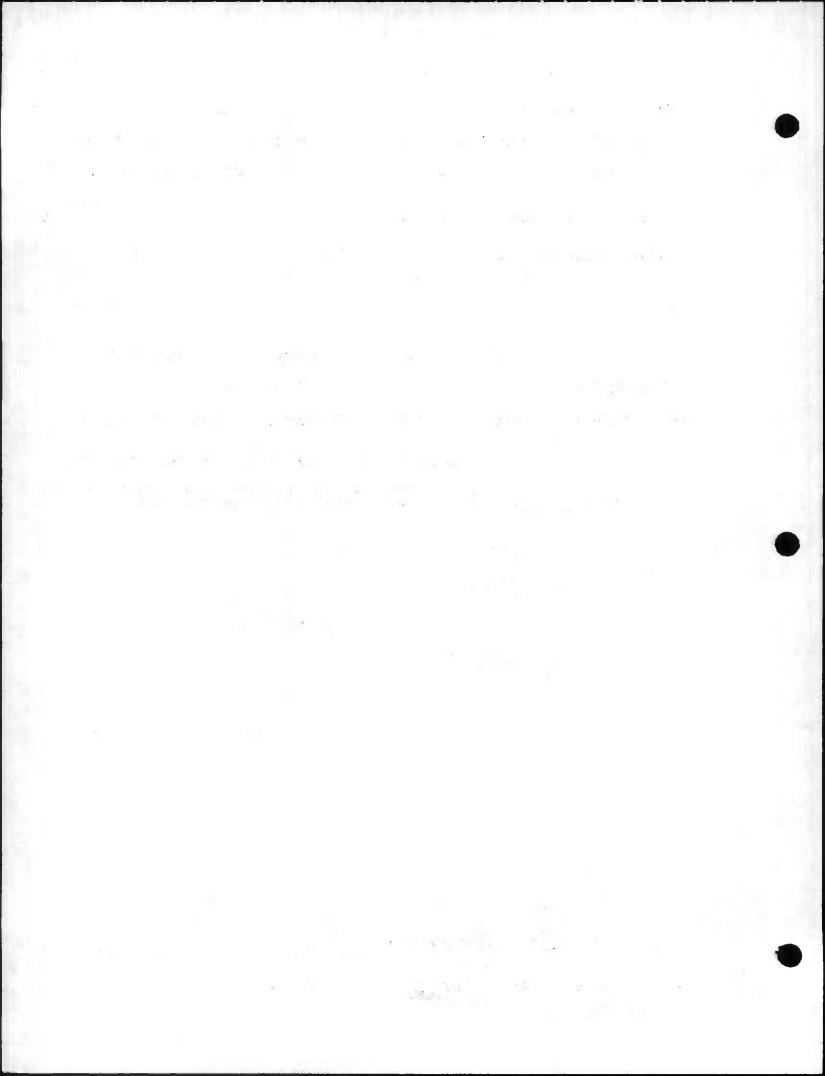
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-			Decedent's Name (First, Midd.	to I got		Certific	ate of	Death	T	Reg. No.	U (.4102	
п	Physic	lan			T00				2. Date of De Month	Day	Year	3. Time of Death	
	/Medi	cal							August	13, 199		6:58A	
	Exami	ner	4e. Fecility Name (If not Institutio			,		4b. City, Town, or I	Location of Deatr				
-			Presbyterian 5. Social Security Number	6. Sex	7. Age (In yrs. le		nder 1 Year	Towson If Under 24 Hrs.	9 Date of Bird		timor		
	Funeral Director		217-14-1181 Usual Residence of Decedent	0.36Å XX 2□ F	82	Yrs. Mont			8. Date of Bird (Month, Da November	8, 1913	Mary]	lace (State or Foreign try) Land	
	aryland show	_	10a. State 10b. County		10c. City	, Town or Location					10	0d. Inside City Limits	
	the Ma	ecto	Maryland Balti 10e. Street and Number	more]	owson	Zip Code			10g. Citizen of	Mass Cours	1 Yes 2 No	
	h with	al Di	400 Georgia Cou	rt		101.	2120	4		US		tiy t	
)	72 hours efter death with the Maryland natural', or items 23s or 28s-f show frest Example fronti be notified at	by Funeral Director	11. Maritel Status 1 ☐ Never Married 2 ☐ Married	12. Wes Dece Armed Fo 1 Yes	2 XX \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	If Yes,		Hispanic Origin? (Span, Mexican, Puert	pecify Yes or No o Rican, etc.)	- 14. Rad	ce - America ck, White, e		
	"natural",	ed b	3 Widowed 4 □ Divorced	Year or Date:	ates:	16a. Decedent's U				16b. Kind of B	h	White	
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a Britail a Britail	should be filed within the Mental Hygiene. marked other than matic event, the Mental contractions.		17. Father's Name (First, Middle,	Last)		MISS	siona		Religious Name (First, Middle, Maiden Sumame)				
	Duid be filed Mental Hygi arked other atic event, i	To Be	Robert Claren	,					h Eloise		,		
•	2 should and Men is marke aumetic	F	19a. Informant's Name/Relations			19b. Mailing Add	ess (Stree	t and Number or Ru			State Zin	Code)	
	alth ar 27 is rr trau		Presbyterian Home of						, Md 21204				
	of Hear		20a. Method of Disposition		20b. Pla	aca of Disposition (metery, crematory			Date	20c. Location	City or To	wn, State	
	Peges nent of h int: If Ite		Burlal 2 Cremation Donetion 5 Other (S		State	uid Ridge			/22/96	Pikesvi	lle M	Maryland	
	permit. Peges i end 2 Department of Health of Important: If Item 27 is any injury or other tra once.		21 Signature of Funeral Seguine	Licensee N	1			ess of Facility itchell-W	indefel.	l Usus	110 1	iai y Tana	
)	Dep Imp any		Donni Ola	skenher	ake	6500	Vank	Dond Dal	timone	Manular	d 242	112	
			23a. Part1. Enter the diseas or shock, or heart failure. List	complication that c	aused the death.	. Do not enter the r	node of dyi	ing, such as cardiac	or respiratory a	rest,	IU ZIZ	Approximate	
1	Physiclan		snock, or neart failure. List	only one cause on e	ech line.						i	Interval Between Onset end Death	
	/Medical	П	Immediate Cause (Final disease or condition	DP	meal	tia (F	17	HEIME	05 Tu	100)	1	945	
	Examiner		resulting In death)	a		as a consequenca		1101116	/C	100)	I	1913	
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	deeth certificete be executed e ettending physician and od for use es the buriel-transit	Examiner	Sequentially list conditions,										
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	ohysi the t	Medical	that initiated events if the surface of the surface										
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	the de	ysic	Part II. Other significant condition		ath but not resul	ting in the underlying	ng cause gi	ven in Part I.	23b. Dld 1	obacco usa co	ntributa to	the cause of death?	
	es that the de igned by the be deteched	by Ph	HSCV	1)					10	Yee 2 No	3 Prob	pably 4 2 Unknown	
	e law requires that the hes been signed by the je 2 should be deteche	Completed b								an autopsy rmed?	con	ore autopsy findings allable prior to appletion of cause deeth?	
	0 - 8	E O							101	es 2 No	1 🗆	Yes 2□No	
	ysician: Th is certificate director, par	Be	25. Was case referred to medical					26. Place of Dea					
	nysici is ce direc	2	examiner? 1 ☐ Yes 2 ☑ No	Hospital: 1 ☐ I	npatient 2 E	R/Outpatient 3	DOA Ot	her: 4 🗆 Nursing H	ome 5 Resid	denca 6 25th	er (Specify	Retineman	
	E E =		27. Manner of Death 1 Natural 5 Pendin 2 Accident Investig		of Injury h, Day Year)	28b. Time of Injury M	28c. Inju Wo 1	ry at rk?] Yes 2 □ No	28d. Describe	now Injury occur	red	THOME	
	ours effe ours effe erei Dir filled in		3 Sulcide 6 Could a determined	ined 200. Placa	of Injury - At horng, etc. (Specify)	ne, farm, street, fac	tory, office		28f. Location (S City or Tox		er or Rural	Route Number,	
1			29a. Certifier 1 Certifyin (Check only one) 1 Medical	g Physician: To the Examiner: On the ba	sis of examination	ledge, death occurr on and/or Investigat	ed at the ti	me, date and placa, opinion, death occur	, and due to the cred at the time,	cause(s) and medate and place,	anner as sta and due to	aled. the cause(s)	
	To the Horizon To the Fur completely	Me	29b. Signature and title of certifier	10	O.		29c. Licens	se number		29d. Date signe	d (Month, L	Day, Year)	
			AUI	ulas.) M.	7	D-	11026		8	12	.96	
	7	-	30. Name and address of person	who completed cause	of death (Item	23a) (Type, Print)		11020		0 -	,)	10	
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Description Description	Funeral	ner	Genesis Elder (5. Social Security Number 6	Care/Spa C	reek Cei	birthday) If	Undar 1 Year	Annapo	lis	Anr	9. Birthplace (State	or Foreign
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Elementers/Secondary (0-12) College (1-4or 5-)	rs efter death	by Funera	1 ☐ Navar Married 2 ☐ Married	Armed Forces 1 ☐ Yes 2X If Yes, Give	s?] No	If Yes	, specify Cuba	n, Maxican, Pue	Specify Yes or No rto Rican, etc.)	Bla	ck, White, etc.	
Section Sect		mpieted	15. Decedent's (Specify only highest g	Education rede completed) College (1-40	16	(Give kind life. DO N	of work done d IOT use retired,	uring most of we			usiness/Industry	
Steven Skolochenko – son 1400 Thistle Brook Ct., Crofton, Md. 21114 20a. Nerbod of Disposition / 10 Burial 2 (20/mg/size) 3 (20 February 10 Burial 2 (20/mg/size) 3 (20 February 10 Burial 2 (20/mg/size) 3 (20 February 10 Burial 2 (20/mg/size) 3 (20/mg/size) 3 (20/mg/size) 4 (20/mg/size) 3 (20/mg/size) 4 (20/mg/size) 5	be file Mal Hy d othe	Be	- 100.0000000000000000000000000000000000			Head Gi	raphic	18. Mother's Na	ame (First, Middle			.m
Burist 2 (X) of existing some state Chesapeake Crematory State Chesapeake Crematory	2 2 2 2		Steven Skolochen			1400 Th	nistle		t., Crof	ton, Md.	21114	
Physician Medical Examiner Page 23a. Part finiter the deeal, or completations that caused perfects. Do not anter the mode of dying, such as cardiac or respiratory arrest, interval Barkward Chaster Special Services of Page 24 Page 24 Page 25 Page	Pege nent o ant: If		1 Burial 2 Oregistion 3	ify)	e cema	apeake 22. Nar	or other place Cremat me and Addres	OTY s of Facility	^{8/} 12/ ₉₆	Belts	/ille, Md.	
Physician Medical Examiner The part of th			23a. Part1. Enter the disea a, or co	mplications that caus	d the death. De						Approxima	te
Cause (Disease or Injury hat himited events resulting in death) Last Due to (or as a consequence of the property of the prope	/Medical Examiner	ler	Immediate Causa (Final disease or condition	. E	pira	toy	fail	ul				
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24a. Was an autopsy performed? 24b. Were eutopsy finding available prior to complete to the cause of death? 24c. Was case referred to medical examiner? 25c. Was case referred to medical examiner? 26c. Place of Death (Check only one) 27c. Manner of Death 1	het the d by th		Part II. Other significant conditiona	contributing to death	but not resulting	In the underly	ying cause give	n In Part I.				of death? Unknown
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The control of the	The ate h	Be	examiner?	Hospital.			Oth				1 ☐ Yes 2 ☐	No
29a. Certifier (Check only) 29a. Certifier (Check only) 29a. Certifier (Check only) 29b. License number 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)	ing Phys	-	27. Manner of Death 1 ☑ Natural 5 ☐ Pending 2 ☐ Accident Investigation	28a. Date of Inj (Month, D	ury 28b	Time of Injury	28c. Injury Work	at ?				
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)	ospital or Att hours after d inerel Direct y filled in by		4 Homicide determined	building, e	t of my knowledg	je, death occu	urred et the time	e, date and plec	City or To	vn, State)	inner as stated.	
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)	To the He within 24 To the Fu		(Check only 2 Medical Exa	miner: On the besis	of exemination a	and/or Investig	ation, In my op	number	urred et the time,	date and place, 29d. Date signe	and due to the cause(s d (Month, Day, Year)	
State 31. Date filed (Month, Day, Year)			200 RIDGEL				mo	21403		TIUGUS	1 10, 17	



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				State of Ivialyia	_	rtificate			u Wentan	Reg. No.	20	24184	
	Physici /Medi		Decedent's Neme (First, Middle, Last, JOSEPH SI	ERIO					2. Dete of Month AUGUS		1996	3. Time of Deeth 4:15 A.M.	
	Examir		4e. Fecility Neme (If not Institution, give 322 OSBORNE AVENU				4		or Location of De		County of Deetl BALTIMO		
	Funeral Director		212-07-3331	x 7. Age (In yr 2	rs. last birthday, Yrs.	Months	Year Deys	If Under 24 Hours	Win. 8. Dete of I	Birth Dey, Year) 1,190(9. Birth Col MAI	holece (Stete or Foreigr untry) RYLAND	
	Maryland H show	tor	Usuel Residence of Decedent		City, Town or L	ocation NSVILL	E					10d. Inside City Limits 1 ☐ Yes 2 ☑ No	
	h with the 23a or 284	al Director	10a. Street and Number 322 OSBORNE AVENUE	<u> </u>		10f. Zip (212	28			zen of What Co	untry?	
020	hours after death with the Maryland ural; or items 23s or 28s-f show il Examiner must be ruitified at	by Funeral	11. Meritel Status 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. Wes Decedent Ever in Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Detes:	U,S. 13.		nt of H y Cube	ispanic Origin on, Mexican, F	? (Specify Yes or uerto Rican, etc.)	No-	14. Race - Amer Black, White		
21215-0020	within 72 ane. than *nat	Completed	15. Decedent's Edu (Specify only highest gred Elementery/Secondery (0-12) 3RD GRADE	cation e completed) College (1-4or 5+)	16a. Dece (Give life.	edent's Usuel e kind of work DO NOT use MILK		etion during most of	working		nd of Business/		
Maryland 2	be file of other event,	To Be C	17. Fether's Neme (First, Middle, Last) SALVATORE SERIO					16. Mother's	Neme <i>(First, Midd</i>	fle, Meiden			
	1 and 2 Heelth a em 27 le ther trait		19e. Informent's Neme/Reletionship (Ty JOSEPH E. SERIO (S 20a. Method of Disposition	SON)	322 Plece of Dispo	OSBOR	NE of	AVENUE	- CATONS	SVILLE	, MD 2	21228	
Baltimore,	nit. Page artment c ortant: If Injury or		1X Bunal 2 Cremetion 3 Removel from Stete 4 Donetion 5 Other (Specify) NEW CATHEDERAL CEMETERY 8/13/96 BALTIMORE 21. Signature of Funeral Service Licensee										
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Vital Records,	been shoul	Completed by	INSOFFICIE!	NCY CI	rippi	ling	D	egene	PATING DE	as an autop rformed?	0	Wera autopsy findinga syeilable prior to completion of cause of death?	
ā		Be Co	25. Wes case referred to medical	SEASE				26. Place of	Deeth (Check onl		No 1	I□Yes 2XINo	
of <	Physician: this certific rial director,	2	TILI TES ZUBLINO	fospitei: 1 Inpatient 2	☐ ER/Outpetie			4 LI Nursi	ng Home 5 Re	sidence 6	Other (Spec	elfy)	
ision	moding P deah. Ilo: After t	Certification:	27. Manner of Death Meturel 5 Pending	28a. Dete of injury (Month, Dey Year)	26b. Time of Injury	М		/ et k? Yes 2 □ No				ıral Route Number,	
ð	bital or nun age anal blos	-	4 Homicide determined	28e. Plece of injury - At building, etc. (Spec	clfy)				City or 1	Town, Stete,)		
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	To the within To the comple	Σ	29b. Signeture end title of cartifier	D'ATTE	uding			5200	9		e signed (Month		

State Registrar

DR. NORBERTO M. MACHIRAN - 720 MAIDEN CHOICE LANE - SUITE C-CATONSVILLE, MD 31. Dete filed (Month, Day, Year)

30. Neme and address of person who completed cause of death (Item 23a) (Type, Print)

96-4421-510 j hm ITEMS: 23 PART I, Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 27,28a-f, PER MEO FILM G-738 8/15/96 t.t Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** AUGUST D7, 1996 00:25 AM **JEFFREY** TEAL EE /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner N/A BALTIMORE
If Under 24 Hrs. 8. D ST. AGNES HOSPITAL If Under 1 Year 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthdey) 8. Date of Birth (Month, Dey, Yeer) Birthplace (Stete or Foreign Country) **Funeral** 1 M 2 □ F Months Days Hours Min. Yrs. 37 218-70-2364 Director Jan. 1,1959 Maryland Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location must be notified at 10d. Inside City Limits 1 ☐ Yes 2 TNo Directo Maryland Baltimore Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 21227 United States 2313 Walnut Avenue death r than "natural", or items the Medical Examiner ma Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indien, Black, White, etc. filed within 72 hours after 1 ☐ Yes 2 ☐ No If Yes, Give Year or Detes: 1 Never Married 2X Married Maryland 21215-0020 1 ☐ Yes 2 ☐XNo Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry I Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) presses printing 12 other 17, Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Pages 1 and 2 should be fill ment of Health and Mental H ant: If them 27 Is marked off Kay Rabickow Robert L. Teal 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Shirley A. Teal, wife 2313 Walnut Avenue Baltimore, MD 21227 altimore, 20b. Placa of Disposition (Neme of cemetery, cremetory or other to 20a. Method of Disposition 20c. Location - City or Town, State tery, cremetory or other piece) 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 8/10/96 ò rfment: 4 ☐ Donation 5 ☐ Other (Specify) Meadowridge Memorial Park Dorsey, Maryland 21_Signature of Funeral Service Licensee 22. Name end Address of Facility Ambrose Funeral Home of Lansdowne 2719 Hammonds Ferry Road
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2719 hammonds Ferry Road Approximate Interval Bety Onset and Deeth Physician /Medical Immediate Cause (Final ALCOHOL AND NARCOTIC INTOXICATION disease or condition resulting in death) Examiner Due to (or as a consequence of) Sequentielly llst conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last and Due to (or as e consequenca of): physician 2 ian/Medical certificate # Due to (or as a consequence of) 8 attending ò Physici ed by the a deteched f Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 D Unknown þ ped 24a. Was en eutopsy performed? 24b. Were autopsy findings eveileble prior to Deen Complet completion of cause of death? Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA XXYes 2□ No Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 2 this 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of FOUNTDURY 28c. Injury at Work? 28d. Describe how injury occurred After 1 Neturel 5 Pending Investigation 1 Yes 20 No UNKNOWN 2 Accident

P.O. Box 68760 Division of Vital Attending

Certification: To the Hospital or Attending within 24 hours effer death.

To the Funeral Director: Afte completely filled in by the fun FOUND 8/6/96 10:00 P Could not be determined 3 ☐ Suicide 28e. Pieca of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 2313 WALNUT AVENUE 4 T Homicide FOUND AT RESIDENCE BALTIMORE, MARYLAND 29a. Certifier edicai (Check only one) 29b. Signature and title of certifier 29c. License number

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner as steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred et the time, date end place, and due to the cause(s) and manner stated. 29d. Dete signed (Month, Day, Year) O.C.M.E. AUGUST 7, 1996 1

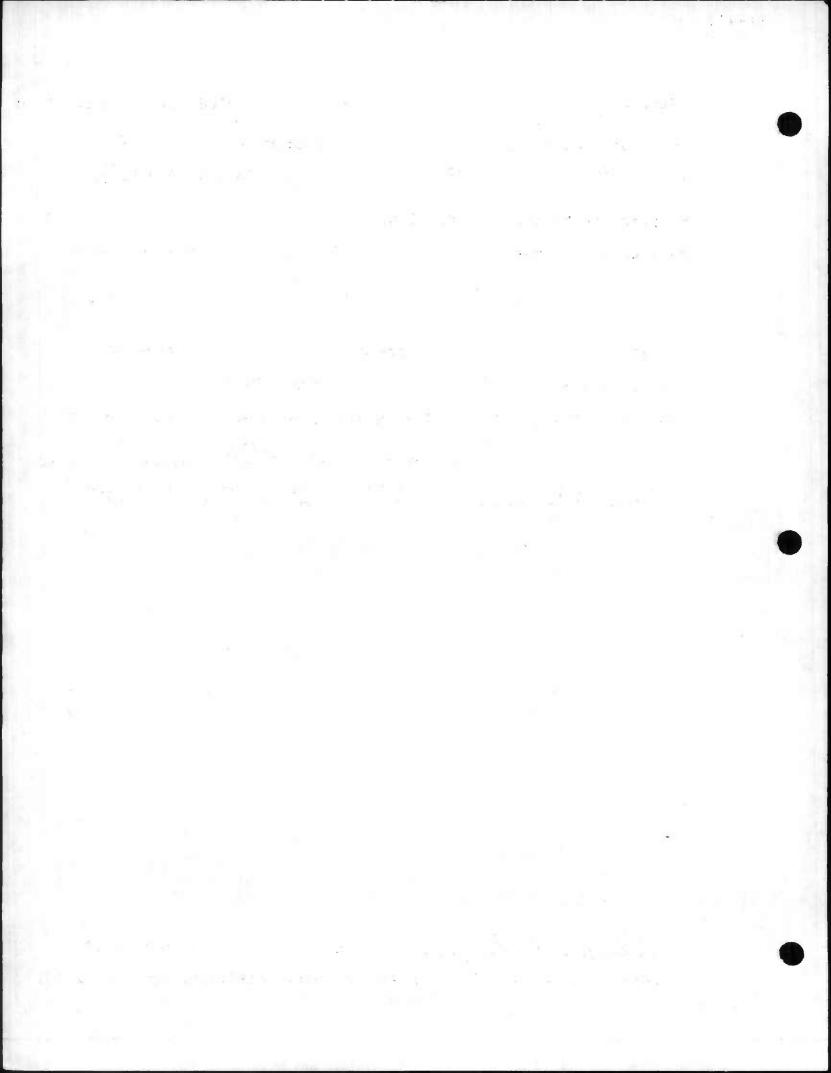
30. Name and eddress of person who completed cause of dryin (Item 23a) (Type, Print) MEGDONE M. Kng

111 Penn Street, Baltimore, Maryland 21201

State Registrar 31. Date filed (Month, Dey, Yeer)

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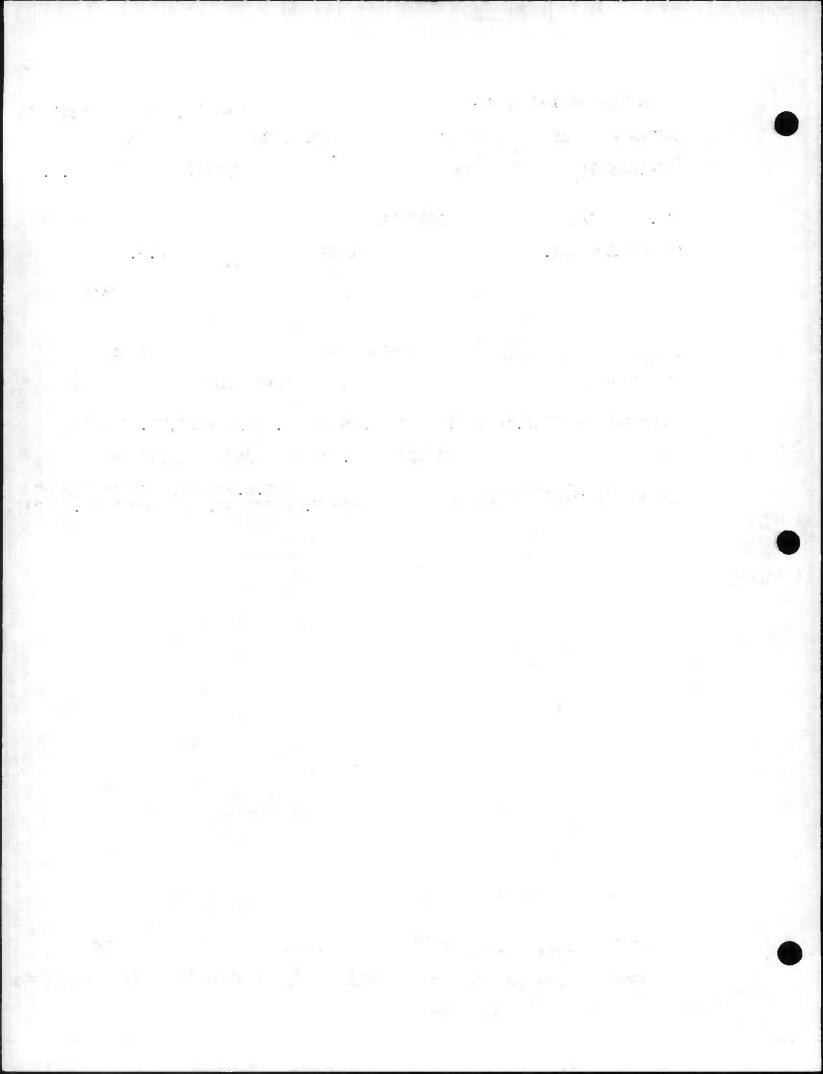
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State of Maryland / Department of Health and Mental Hygiene

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Baltimore,	permit. Pages 1 and: Department of Health Important: If Item 27 any Injury or other tr once.		21. Signeture of Eunerel Service L							ess of Fecil			200	2 0 3.111	010,	1110
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	-		23a Part Enter the disease or	hate	Lew	a dooth. Do n	30	21 F	last	ern A	ve.,	Baltin	ore	, MD	2122	Approximate
J.	0 1	3021 Eastern Ave., Baltimore, MD 2122 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart tellure. List only one cause on each line.												Interval Between Onset and Deeth		
	Physician /Medical		Immediete Cause (Finel												-	
	Examiner		diseese or condition resulting in death)	e. Pulmo												20 Min.
		ě				e to (or es a c	onseque	nce of):							į	
	p p p p p p p p p p p p p p p p p p p	Examiner	Commentation that the state of	b. Heart		Lure e to (or es e c	20000110	, , , , , , , , , , , , , , , , , , , ,								
ó	icate be executed physicien and s the burlel-fransit	Exa	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury				Jiseque	rice ot).								
ox 68760,	certificate be axe iding physician a ase as the burish	cal	thet initieted events	c. Renal		lure e to (or es e co	neadile	nce of):							-	
88	The CO-16	n/Medical	resulting In deeth) Last			0 10 (01 00 0 0	Moodaoi	ioa oij.							i	
		Š		d										_		
œ.	e death the atta hed for	Physicia	Pert II. Other significant condition	s contributing to d	death but n	not resulting In	the unde	ertvina c	ause o	iven in Pert	l.	23b. Dld	tobacc	o use co	ntribute to	the cause of death?
P.0	£ >2	th.												2 No		pably 4 ☐ Unknown
	gned b	by F	Displaced subca	pital fr	ractu	re of r	ight	t hi	p							
Records,	2 6 5											24a. Wes	en euto	opsy	24b. We	ere eutopsy tindings allabie prior to
ŏ	sw rec	plet										pen	Jilliou I		CO	mpletion of cause death?
ď	The its has page	Completed										10	Yes 2	No	10	Yas 2□ No
Vital	or, p	Be C	25. Wes case referred to medical							28 Pleo	e of Deet	(Check only				
≥	ralch s ser direc	0	examiner?	Hospitel: 1	Inpatient	2 ER/Out	patient	3 DC	OA O	ther:		me 5□ Res		6 □Ott	ner (Specifi	v)
ō	the man	n: T	27. Menner of Deeth	28e. Dete		28b. Ti	me of		Bc. Inju			28d. Describe				.,
ō	andin auth. or: Alt	atio	1 ☐Naturai 5 ☐ Pending 2 ☐ Accident Investiga	,	inii, Day 1	bar) In	jury	М		Yes 2	No					
Division	Atte	offic	3 Suicide 8 Could no 4 Homicide determin	and 288. Piec	a of Injury	- At home, ten	m, street	, fectory	, office)		28f. Location (City or To	Street a	nd Numi	ber or Rura	l Route Number,
ō	P C C C C C C C C C C C C C C C C C C C	Certification:	A	Dulic	ding, etc. (Specify)						Ony or 10	wii, Otali	10)		
	hour hour ty till		29e. Certifier 1 Certifying	Physician: To the	e best of m	ny knowledge,	deeth oo	ccurred	et the t	lme, dete ar	nd plece,	end due to the	cause(s) end m	enner as si	eted.
. 8	1 2 2	ledical	one) 2 Medical E	xaminar: On the beend mer	nner stetec	aminetion end 1.	or inves	tigetion.	, in my	opinion, dea	nth occurr	ed et the time,	dete ar	ia piece,	and due to	une cause(s)
1	2 0 0	≥	29b. Signeture end title of certifler	4	1)		290	. Licen	nse number			29d. D	ete signe	d (Month,	Dey, Year)
N	JA)	# 901/	Vina	ud	A 111	/		D	17074	4		5	3-11	-96	
7	/		30. Neme and address of person w								f					
5			F.S. H. Rey	naldo Mi	lranda	a MD ,	9000) Fa	nk1	in Sq	uare	Drive	Ba1t	imo	re, M	d. 21237
-			Of Date All of Odersky Devices													

Registrar

AUG 14 1996

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

2. Date of Death

3. Time of Death

	F	uner	a
d 21215-0020	lifed within 72 hours after death with the Maryland	ther than "natural", or items 23a or 28a-f show int, the Medical Examiner must be notified at	

1. Decedent's Neme (First, Middle, Last)

permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If item 27 is marked other any Injury or other traumatic event. Baltimore, Marylan

burial-transit and ре ехвс physician sthe burial Box 68760 88 nding g 980 ed by the a Division of Vital Records, P.O. sign be Deed has page 2 certificate this funeral After Attending death. Director: 3

Month Dey **Physician** MARY VANDERBECK AUGUST 11 1996 12:15 PM /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner SAINT JOSEPH MEDICAL CENTER TOWSON, MD. BALTIMORE If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) Oct. 1, 1907 5. Social Security Number 7. Age (In yrs. last birthdey) 9. Birthpieca (Stete or Foreign Country) New York 1□M 2⊠F Months Deys 88 101-34-0154 Usuei Residence of Decedent 10a Stete 10b. County 10c. City. Town or Location 10d. fnside City Limits 1 Yes 2 No Maryland N/A Director Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 115 E. Melrose Avenue 21212 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indian, Bieck, White, etc. 1 Never Merried 2 Merried 1 ☐ Yes 2 No Specify: 2 Specify: 3 XWidowed 4 ☐ Divorced White Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 18h. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) vears School Teacher Education 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be 2 Myron Victory Wheaton Elise Dixon Mary 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Sue V. Livengood 1254 Meridene Drive Baltimore, Maryland 21239 20b. Pleca of Disposition (Neme of cemetery, cremetory or other pleca) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ☐ Buriel 2 🗡 Cremetion 3 ☐ Removel from State 4 □ Donstion 5 □ Other (Specify) 8-13-96 Green Mount Crematory Baltimore, Maryland 21. Signeture of Funerel Service Licensee 22. Name end Address of Fecility
Mitchell-Wiedefeld Home 6500 York Road Baltimore, Maryland 21212 ren 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete interval Between Onset and Death **Physician** /Medical fmmediete Csuse (Finei HOURS diseese or condition resulting in deeth) SEPTIC SHOCK **Examiner** Due to (or es s consequence of): Examiner **PNEUMONIA** HOURS Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Csuse (Disease or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): CHRONIC OBSTRUCTIVE PULMONARY DISEASE YEARS Physician/Medical Due to (or es e consequence of): DEMENTIA YEARS Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Dfd tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4X Unknown HYPOTHYROIDISM 2 24b. Were sutopsy findings sysilable prior to completion of cause of death? 24a. Wes an autopsy performed? Completed LEFT BREAST CARCINOMA 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical examiner? 28. Pieca of Deeth (Check only one) Hospitel: 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 inpatient 2 ER/Outpetient 3 DOA 28e. Dete of Injury (Month, Day Year) 27. Menner of Deeth 28b. Time of injury 28d. Describe how injury occurred 28c. injury et Work? Certification: 5 Pending Investigation

State

LILIA CEBALLOS, M.D. 31. Dete filed (Month, Dey, Year) AUG 14 1996

29b. Signeture end title of certifier

6 Could not be determined

30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print)

1 Neturei

2 Accident

3 ☐ Suicide

29e. Certifier

Medical

4 Homicide

(Check only one)

32. Registrar'ş Şigneture wavidson-Randalle

28e. Pieca of Injury - At home, ferm, street, factory, office building, etc. (Specify)

7620 YORK ROAD TOWSON, MARYLAND

25886

1 Yes 2 No

1 Certifying Physicisn: To the best of my knowledge, deeth occurred et the time, dete end pieca, and due to the csuse(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete and piece, end due to the cause(s) end manner stated.

29c. License number

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

29d, Dete signed (Month, Dev. Year)

Registrar

Please Type or Print in Black in State of Maryland / Dep						lble.	21.100
	ertificate of					0	24130
Decedent's Neme (First, Middle, Last)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			2. Dete of De	Reg. No.		3. Time at Death
CATHERINE WILLIAMS				Month	Dey	Year	22:21
4a. Facility Name (If not institution, give street and number)		4b. City. Toy	m. or Lo	AUGUST cation of Deat			
THE JOHNS HOPKINS HOSPITAL				E CITY	- 40. County	or Death	
5. Social Security Number 6. Sex 7. Age (In yrs. lest birthde)	if Under 1 Yea				th	9 Rinth	nlece (State or Foreign
217 62 4092 10M 200F 42 Yrs.	Months Dey	s Hours	Min.	8. Dete of Bir Month, De	y, Year)	Cou	plece (Stete or Foreign intry)
Usuel Residence of Decedent)			77731
10a. Stete 10b. County 10c. City, Town or L	ocation						10d. fnside City Limits
Md N.A. BALT	10:						1 Ø Yes 2 □ No
10e. Street and Number	10f. Zip Code				10g. Citizen of	What Cou	intry?
906 Belgian are	212	18			U.		9
11. Meritel Stetus 12. Was Decedent Ever in U,S. Armed Forces? 13.	. Was Decedent of If Yes, specify Cu	Hispenic Orlg	in? (Spi	ecify Yes or No	14. Rac	ce - Ameri ck, White	ican Indien,
1 Never Merried 2 Merried 1 Yes 2 No			ruello	riidaii, etc.)			. /
3 ☐ Widowed 4 ☑ Divorced If Yes, Give Yeer or Detes:	1 ☐ Yes 2 ☐ No	o Specify:			Specif	v: Bl	ack
15. Decedent's Education 16a. Dece (Specify only highest grade completed) (Giv	edent's Usuei Occi	upation	of work	la a	16b. Kind of B	usiness/ir	ndustry
	e kind of work don DO NOT use retir Do M € 5 T		OI WOIK	ng	Provi	T 3	anty
17. Fether's Name (First, Middle, Last) RoberT WILLIAMS		18. Mother		-	Meiden Sumer	ne)	
	ling Address (Street				er, City or Town		
20a, Method of Disposition 20b, Plece of Disp	position (Name of emetory or other p	(ece)	m	Dete 8/16/90	20c. Location		own, State
21. Signature of Funerel Service Licensee	2. Name end Add			/			- 00
Joseph B. Locks of	Locks ?	Funesa	e Ho.	nd 130	4 h. E	entre	el at
23a. Párt Enter the disease, or complications that caused the death. Do not enshock, or heart tailure. List only one cause on each line.	nter the mode of dy	ying, such es d	ardiac o	or respiretory a	rrest,		Approximate Interval Between Onset and Death
Immediate Cause (Finel disease or condition a. brain hern	iation	SVr	dr	ome			7 days
resulting In death) Due to (or es a conse						1	-1 ,
intra cerebra	al m	955				i	tdavs
0.		-1				İ	15
Sequentially list conditions, if eny, leading to immediate cause. Enter Undertying Cause (Disease or injury						1	
Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or es e conse	quence of):					+	
Towning it doubt have						i	
d							
Pert ft. Other significant conditions contributing to death but not resulting in the	underlylna cause a	riven In Pert t		23h Did	tobacco use co	ntribute 1	to the cause of death?
- 1	and a second	province to the tra					hably 4 Hinknown

Physician /Medical Examiner

attending physician and for use as the buriel-transit

ate hes been signed by the atter page 2 should be detached for a

After this certificate hes

hours efter deeth.

the funeral director,

sepital or Attending Physician: The law requires thet the death certificate be executed

Division of Vital Records, P.O. Box 68760,

Physician/Medical Examiner

Completed by

Be

Medicai Certification: To

Director

by Funeral

Completed

Be

10

Physician

/Medical

Examiner

Funeral

Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Heelith and Mentel Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, in Medical Event Parat be notified at once.

Baltimore, Maryland 21215-0020

DOLYMYOSITIS

24e. Wes an autopsy performed?

26. Plece of Deeth (Check only one)

24b. Were autopsy tindings available prior to completion of cause of death?

1X Yes 2 No 1 ☐ Yes 2 ☐ No

25.	Wes case examiner? 1 Yes		to medical	
27.	Menner of			
	1 De Neture	el 5	5 Pending	

2 Accident

3 Suicide

Inpatient 2 ☐ ER/Outpatient 28b. Time of tnjury 28a. Dete of Injury (Month, Day Year) Investigation

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 3□ DOA 28c. Injury et Work? 1 ☐ Yes 2 ☐ No

28d. Describe how Injury occurred

6 Could not be determined Plece of Injury - At home, ferm, street, tectory, office building, etc. (Specify) 4 Homicide 29e, Certifier (Check only one)

28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

29b.	Signeture	end	title	of	certitie
				-	

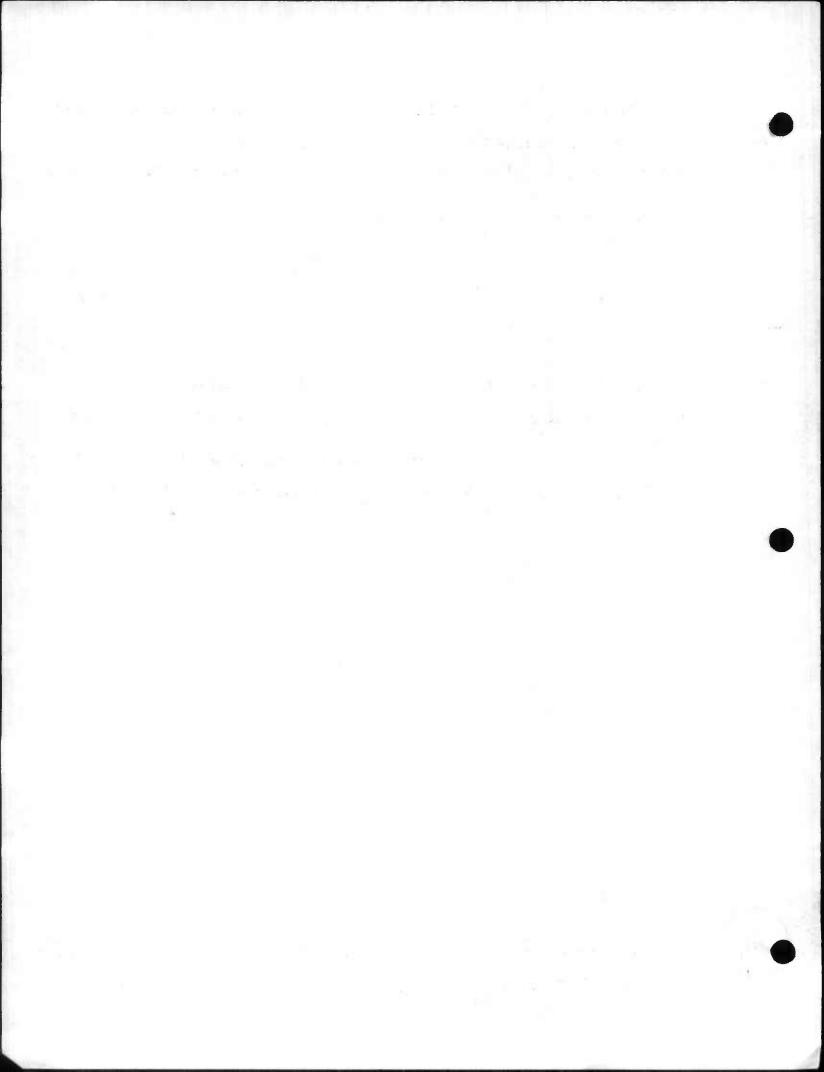
29c. License number

29d. Date signed (Month, Day, Year)

30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print)

U. Wolfe St 32 Applishers Adoption Path 509 Baltimore Maryland

State Registrar



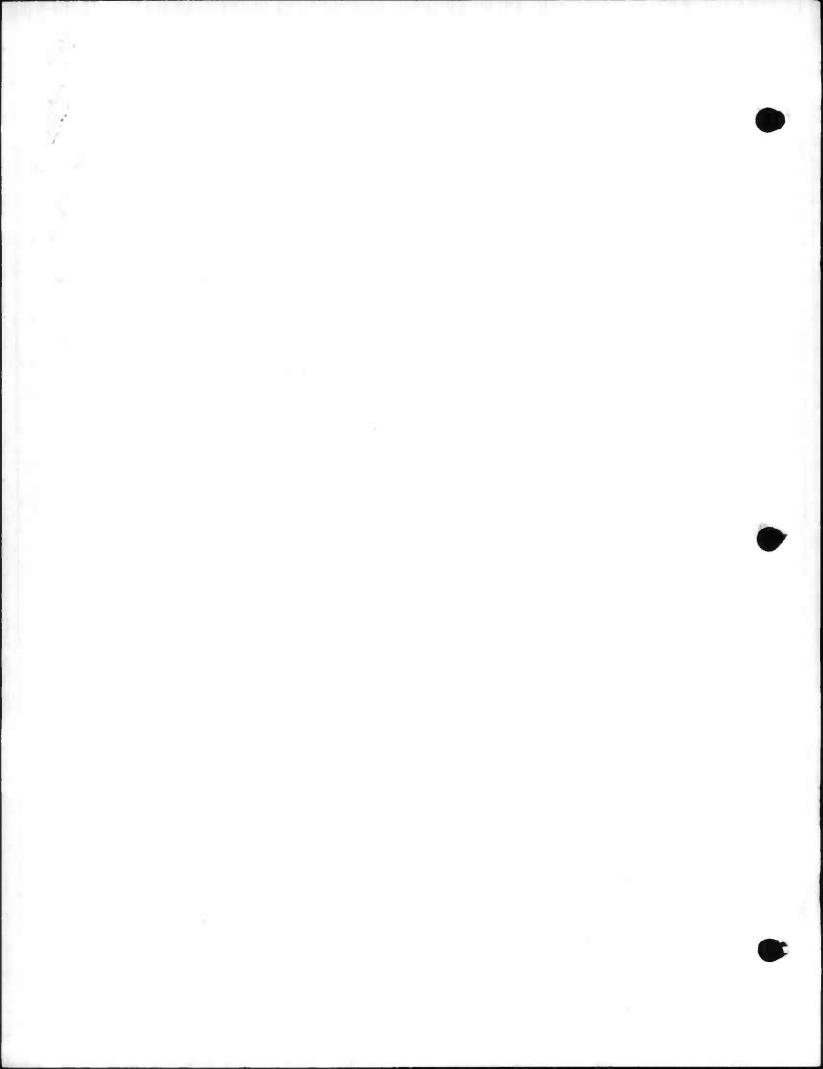
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be med within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH	_
	JOHN WHEELER AUG 9 96 707 A	M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign	
	MONTHS DAYS HOURS MIN. (Month, Dey, Year) Country)	
	UNE 15, 1925 S.C.	_
Œ	ou count of count	
16	HOMEWOOD NURSING CENTER BALTO N/A	
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY	_
1 2	MD N?A BALTO LIMITS?	
4	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?	_
18	1525 WINDAMERE AVE 21218 U.S.A.	
FUNERAL	SI MARITAL CTATUS	_
	X Never Married 2 Merried FORCES? 1 VES 2 NO if yes, specify Cuben, Mexican, Puerto Ricen, atc.)	
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES** 1 YES 2X NO Specify: Spec	
G	15. DECEDENT'S EDUCATION 180. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY	_
E	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) (Give kind of work done during most of working life. Do NOT use retired.)	
릴	11th N/A BRICK LAYER CONSTRUCTIN CO	
COMPLET	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname)	_
	ROSEMAND WHEELER SELINA MEANS	
BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	_
2	ETHEL WHEELER 1602 E. LANVALE BALTO, MD 21213	
	20e. METHOD OF DISPOSITION 20b BLACE AND DATE OF DISPOSITION AND DATE OF DATE	
	1 CyBuriel 2 Cremation 3 — Removal from State cemetary, crematory or other place)	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	_
	Miles III 1129 N. CAROLINE ST BALTO, MD 21233	1
	23. PART I. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart feliure. Liet only one cause on each line.	
	Interval Between Onset and Death	
	disease or condition - a. Congertive Heart Perilure < lyr	
	DUE TO (OR AS A NOSEOUENCE OF):	-
z	- I subject them & sur	.
[은]	Sequentially llat conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):	
3	cause. Enter UNDERLYING CAUSE (Disease or injury Cause (Disease (
빌	thet initiated evente DUE TO (OR AS A CONSEQUENCE OF):	
CERTIFICATION	resulting in death) LAST	
	PART II Other significant conditions contribution to death with the second conditions contribution to death with the second condition of the second conditions contribution to death with the second condition of the second conditions contribution to death with the second condition of the second conditions contribution to death with the second conditions contribution to death with the second condition of the second condition of the second condition of the sec	\exists
DICAL	PART ii. Other aignificent conditione contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	•
ă	1 U YES 2 NO COMPLETION OF CAUSE OF DEATH?	
ME	1 YES 2 NO	
z	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER	
YS!	1 VES 2 DNO 1 Inpattent 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)	
품	27. MANNER OF DEATH 280. DATE OF INJURY AT WORK? 280. DATE OF INJURY AT WORK?	\exists
BY	1 Deletural 5 Pending M 1 YES 2 NO	
	3 Suicide 8 Could not be 28. PLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, hultifules after (Spacific).	٦
COMPLETED	4 Homicide determined City or Town, Stete)	1
"	29e. CERTIFIER (Check only (Ch	ㅓ
M	(Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the Ilms, date and place, and due to the cause(e) and manner se stated.	ŀ
8	20h SIGNATINE AND THE OF SETTIFIED	
出	296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)	
2	C102 11/1140 MM Cares 1241201 8-3-36	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	7
	2004 & 1201 116W 2001 Hound 12001 Wall HALL CITIL	
	AUG 1 4 1996 July Day Hour Saurdson-Handelle	
1 18	TOUL # 1000 / The state of the	- 1

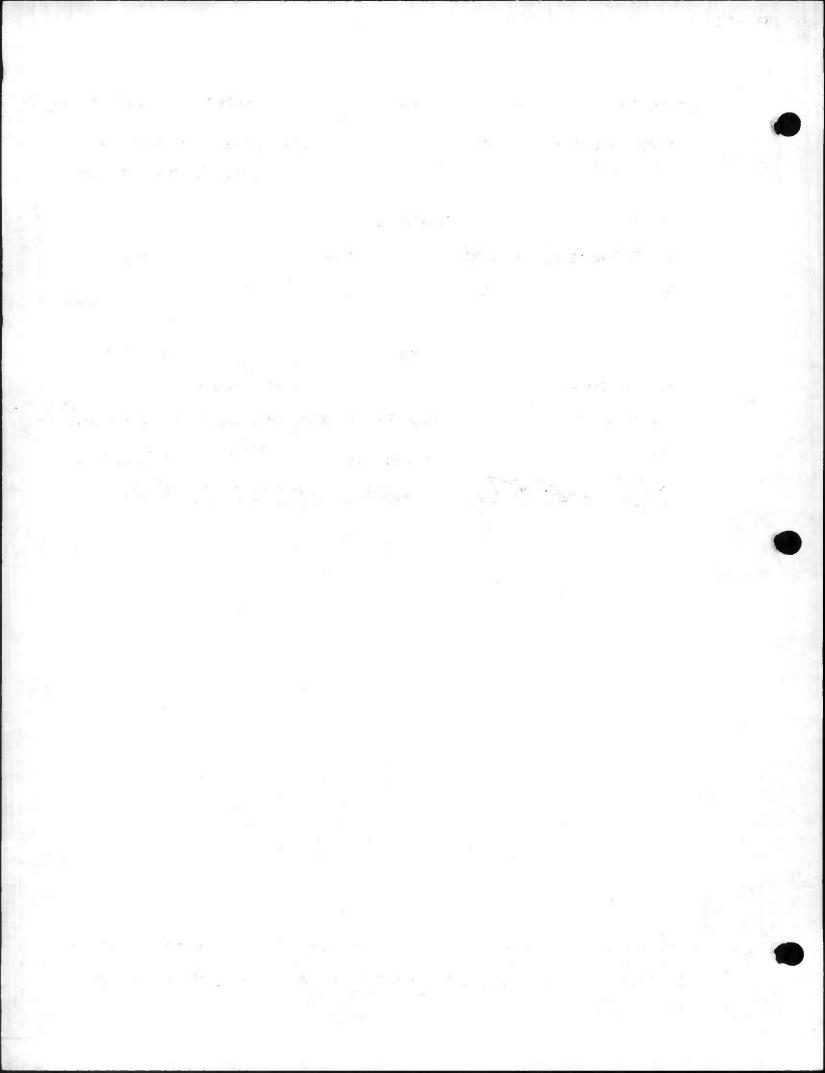


				Certificate o	Health and f Death		Reg. No.		
Physic /Med		Decedent's Name (First, Middle, Last) TIMOTHY	J.	WARNER		2. Date of De		998	3. Time of Death 11:55 Al
Exami Funeral Director	ner	4a. Facility Neme (If not institution, give stree 12th. and BEACH 5. Social Security Number 123-72-9612 1XI M	STREET 7. Age (In yrs. le	ast birthday) If Under 1 Yes Months Day	OCEAN ar If Under 24 Hr	s. 8. Date of Bi	WORCI	ESTE] 9. Birthp	R lace (State or Foreign try) York
28a-f ahow notified at	Director	Usual Residence of Decedent 10a. State N. Y. Dutchess	Ну	, Town or Location					0d. Inside City Limits
al', or itema 23a or 28a-f ahov Examiner must be notified at	Completed by Funeral Dire	1 Never Married 2 Married 1		Heights 10f. Zip Code 125 13. Was Decedent o If Yes, specify Co	38 f Hispanic Orlgin? (Jben, Mexican, Pue	Specity Yes or Norto Rican, etc.)	- 14. Rac	JSA se - America ck, White, o	an Indien,
e filed within 72 hours efter death with the Maryland al Hygiene. other than "natural", or Herm 23s or 28s-f show vent, the Medical Exponent must be notified at		15. Decadent's Education (Specify only highest grade com Elementary/Secondary (0-12) 11 17. Father's Name (First, Middle, Last)	opleted) college (1-4or 5+)	18a. Decedent's Usual Occ (Give kind of work dor life. DO NOT use reti	e during most of wo		16b. Kind of Br		
2 should be end Mental a marked o aumatic eve	To Be	William Warner 19a. Informant's Neme/Relationship (Type, P	rint)		Phy11 et and Number or F	is Walke	t, Middle, Melden Sumeme) alker te Number, City or Town, State, Zip Code) Hyde G, 107 E. Market St., N		
tem 2		Mary P. Warner 20a. Method of Disposition	al from State	Hyde Park He: aca of Disposition (Name of metery, crematory or other p Lon Cemetery		t. 3G, 1 8/ _{14/96}	07 E. Ma 20c. Location - Hyde Pa	City or To	wn, State
Department of Important: If I any Injury or one		21. Signature of Fuseral Service Licensee	Lug-	22. Name end Add Gary L. Ka 5695 Main	aufman Fu St., Elk	neral Ho ridge, M	me of E.d. 2122	Lk., 27	Inc.
ysician Medical aminer		Immediate Cause (Finel disease or condition resulting in deeth)	Drownin						Interval Between Onset and Death
death certificate be executed e ettending physician and ed for use as the bunel-trensit	Medical Examiner	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events reculting in death) Last	Due to (or	as a consequence of): as a consequence of):		ı			
igned by the ettending p be detached for use es	Physician/Me	Pert If. Other significant conditions contributions	ng to death but not result	ting In the underlying cause (given in Part I.		tobacco use co Yes 2 No		the cause of death'
E 0	d by					24a. Was	an autopsy	eva	re autopsy findings ilable prior to apletion of ceuse
hes been s ye 2 should	mplete							of d	eath?
certificate hes been s irector, page 2 should	o Be Completed	25. Wes case referred to medical examiner? 1 ☑ Yes 2 ☐ No Hospite	al:	R/Outretient 3D DOA		15 ath (Check only o	nne)	of d	eath? Yes 2□ No
is certificate hes been s director, page 2 should	ertification: To Be	examiner? 1X Yes 2 No Hospitul 27. Manner of Death 1 Nature 5 Pending investigation 2 Accident Page 1 Could not be	a. Dete of Injury (Month, Day Year) 1. Dete of Injury 2 2. Detection 1. Detection 2 3. Place of Injury - At home building, etc. (Specify)	28b. Time of Injury W	orther: 4 Nursing ury at ork?	ath (Check only of Home 5 Resident Set Resident	dence 8 doth now injury occurr to Prow Street and Numb vn, State)	of d	eath? Yes 2□ No CEAN WAT Route Number,
n. Affer this certificate hes been s funeral director, page 2 should	To Be	examiner? 1X Yes 2 No Hospitt 27. Manner of Death 1 Naturel 5 Pending investigation 3 Sulcide 6 Could not be determined 29a. Certifier Check only 20 Medical Examiner: O	Dete of Injury (Month, Day Year) Place of Injury - At hombuilding, etc. (Specify) To the best of my knowledge of the second of	28b. Time of Injury A M 11 11 11 11 11 11 11 11 11 11 11 11 1	wither: 4 Nursing ury at ork? Yes 2 No	ath (Check only of Home 5 Resh 28d. Describe Chry or Too	dence 8 MOthorow injury occurs Car Drow Street and Numb wn, State) Drow Cause(s) and me	er (Specify	FEAN WAT Route Number,

Registrar

31. Date filed (Month, Day, Year) AUG 14 1996

DHMH 16 Rev 6/95

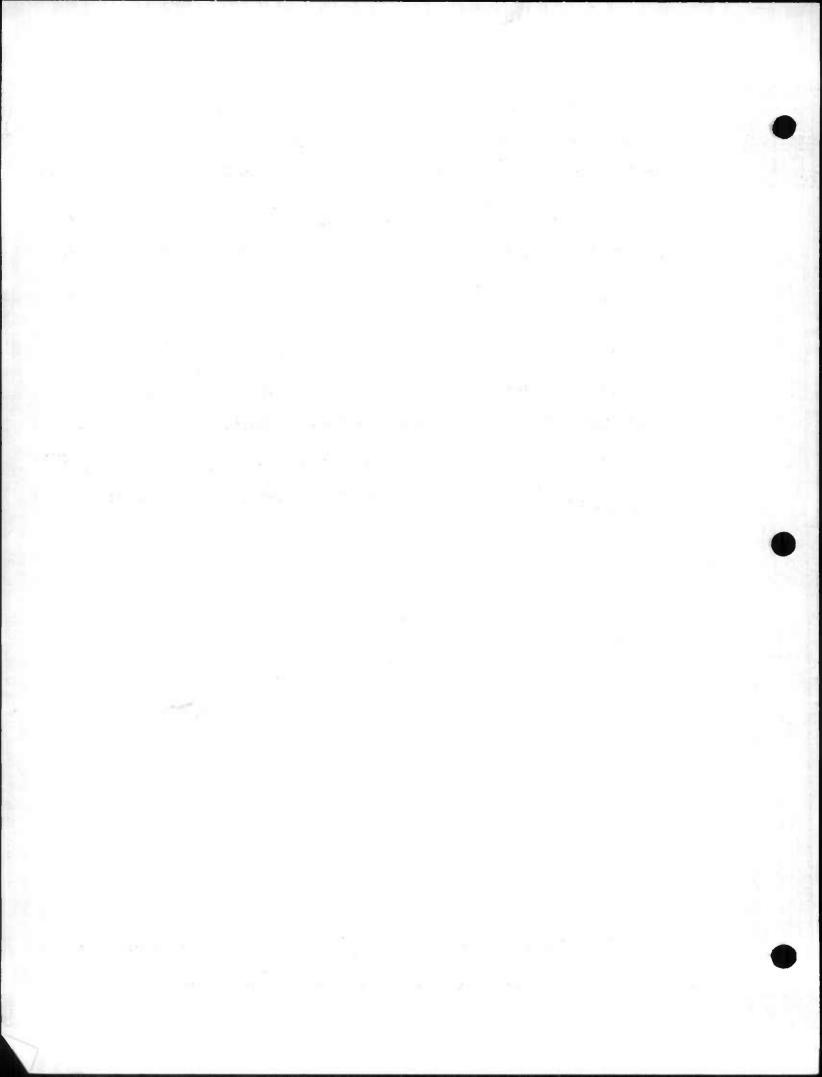


State of Maryland / Department of Health and Mental Hygiene

21,193

						Cert	tificat	e of	Death			Reg. No.	, 0	C 1	133
	D1		1. Decedant'a Nama (First, Middla, La								2. Data of D	eath Day	Yaar	3. Tim	na of Death
	Physic /Medi		ANNE E. WOR	RELL							AUGUST		1996	12	50 pm
	Exami		4a. Facility Nama (If not institution, giv						4b. City, To	wn, or L	ocation of Deal		y of Death	1	7
	Formation		5. Social Security Number 6. S		FAL. a (In yrs. last bii	thday)	If Undar	1 Yaar		TIM 24 Hrs.			n/a	piaca /Sts	ata or Foraign
	Funeral Director			□M 212/F	7.0	Yrs.	Months	Days	Houra	Min.	APR.	19,192	ON Cour	CARC	LINA
	Pand Mand		10a. Stata 10b. County		10c. City, Tow	n or Loc	ation						1	0d. insid	la City Limits
	n 72 hours after death with the Maryland "natural", or lisms 22s or 28s-1 show redgel Examiner must be notified at			/ a		ВА	LTIN		E					///	Yas 2□No
			10e. Street and Number 314 PINE S	TREET			10f. Zip	Coda	2	2122	22	10g. Citizen of UNIT		ntry? STAT	TES .
20			11. Marital Status 1 Nevar Married 2 Married 3 Widowed 1 Divorced	12. Was Decedant I Armed Forcas? 1 ☐ Yas XXX N If Yas, Giva					fispanic Ori an, Maxicar Specify:		ecify Yas or N Rican, atc.)	o- 14. Ra Bis	ice - Amaric ack, Whita,		
21215-0020	72 hours after natural", or the dical Examin	ed by	15. Decedant's Ed	Yaar or Datas:	160	Decede	int's Usua	oi Occur	nation			16b. Kind of 8	Quelosce/lo		TOK
12	in 72 an and dedic	Completed	(Specify only highast gra	ida completed)		(Giva k	ind of wor O NOT us	rk dona	during mos d)	t of work	ring	Too. Kind of a)usinass/in	bustry	
77	filed within Hygiene. ther than out, the Me	E	Elamantary/Secondary (0-12) - trade	Coilege (1-4or 5	+)				ASSI			MED	ICAL		
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Maryland	Wents Wents office	To	NEHEMIAH E	EDWARDS						DEL	LA	EDWARD	S		
a	and land	1	19a. informant'a Name/Relationship (Type, Print)	196	. Mailing	Addrass	(Street	and Numbe	er or Rur	rai Routa Numi	per, City or Town	, Stata, Zip	Coda)	
	and n 27		CHARLES WO	DRRELL		623		ROG.	AN A	AVEN	IUE, B	ALTO.,	MD	2121	. 3
9	I to H		20a. Mathod of Disposition 1 ☐ Buriai 2 ☐ Cramation 3 ☐	Ramoval from Stata	20b. Piaca o camata	f Disposi ry, crema	ition (Nan atory or o	na of thar pla	сө)		Data	20c. Location	- City or To	wn, State	a
Ē	artment of ortant: If Its Injury or o	١.	4 Donation 5 Othar (Specify	y)	GREE	NMC	UNT	C	EMET	ERY	8-13	BALT	IMOR	E.M	D
Baltimore,	permit. Page Department of Important: If any Injury or sock.		21. Signature of Funeral Service Licer	000			Nama an WM.	d Addre	ss of Facili	ty	1110		ORTH		ENUE
ľ			23a. Part1. Entar tha disease, or com shock, or haart failura. List only	plications that caused	tha daath. Do	not antai	r tha mod							Approxi	imete
Ý.	Physician		shock, of heart fellure. List only	Ona Causa on Such iir	ia,									Onset a	Between and Death
	/Medical		immadiata Causa (Final disaasa or condition	CAR	DIOGEN	110	5 110	CK						14	00/2
	Examiner	100	rasulting in death)	а,	Dua to (or as a								-		
	P #	edical Examiner		, CON	GES 111	E	HEA	RT	FA	1601	RE				
	eath certificate be executed ethending physician and for use as the bural-transit	хаш	Sequentially list conditions,		Dua to (or as a										
08/00,	be ex	m m	Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or injury that lettered earth of any that lettered earth o												
0	phys the	dic	that initiated events rasulting in death) Last		Dua to (or as a										
K	ding se as	3	L	d									i		
0	etten for u	clan											1		
j	the d	Physician	Part ff. Other significant conditions of	ontributing to death bu	it not rasulting li	n tha und	dartying co	ausa gi	ven in Part f			tobacco use co			ise of death?
ר, כ	es that the death ce igned by the ettendi be deteched for use	by Pt	KENAL FAI								1	Yes 2 No	3 Prol	bably	4 Ønknow
Decord	requir	Completed I	RESPIRATO	RY FAILU	RG-							s an autopsy ormed?	av co	allabla pr	osy findings rior to of cause
	The law ate has b page 2 s	E O									10	Yes 2ENo		∃Yas	2 No
ō		BeC	25. Was casa rafarred to medical						28 Piace	of Deat	h (Check only			3100	2010
>	s cer direc	To B	axaminer? 1 ☐ Yas 2 ☑ No	Hospitei:	nt 2 ER/Ou	tpatient	3□ DO	A Ott	100				har (Specif	iv)	
DIVISION OF VICE	Attending Physician: or death. ector: After this certific. by the funeral director,		27. Manner of Death 1 Natural 5 Pending 2 Accidant invastigation	28a. Data of injur (Month, Day	y 28b.	Fima of njury	M 2	8c. inju Wo			oma 5 Rasidence 8 Other (Specify) 28d. Dascribe how injury occurred				
	after death Director: /	Certification:	3 Suicide 6 Could not be determined	rm, stree					28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)						
	To the Hospital or / within 24 hours after To the Funeral Direct Completely filled in the funeral brack of the funeral brack of the funeral brack filled in the funeral br	edical C	(Uneck only 2 Medical Exam	ysician: To the best on the basis of	axamination an	, daath d	occurred a	at the ti	ma, data an opinion, dea	d place,	and dua to the	causa(s) and m	anner es s	tated.	se(s)
	ithin (Med	one) 29b. Signatura and titla of certifiar	and mannar sta	Der		-		a number			29d. Data sign			
	8 4 € 4			Than m	0		250	1		594		AUGUST			
	5					_	<	_	-20	J77		.,00051	1 19	76	
			30. Nama and addrass of person who	14-2			rint) BROA	λ,	14	72	ALTIMA	E ME) ~2/	2 2	/
	Sta	to	31. Date filed (Month, Pan Dar)	25 Janiel	M STATEMENT	12 /=	COA	שוע ו	717	1-1	TOTTON		- Jac /	231	r
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Registrar



State of Maryland / Department of Health and Mental Hygiene

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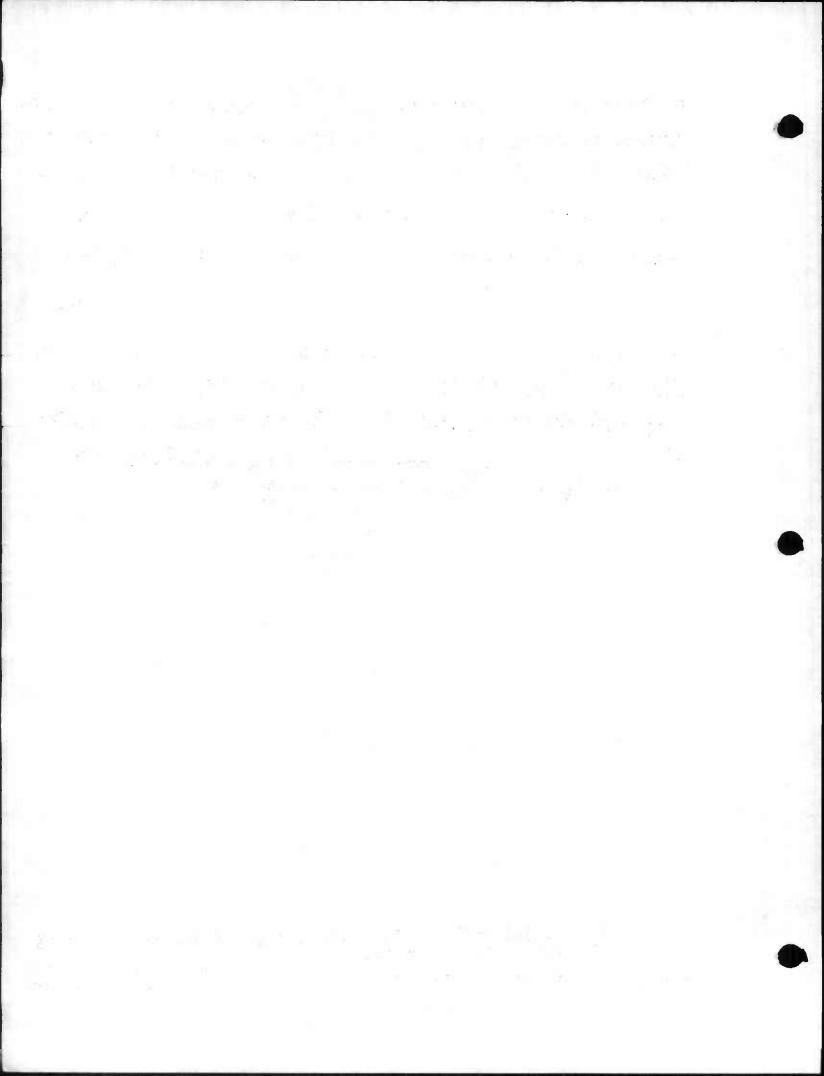
-						C	ertifica	ate of	Death			Reg. No.	20	C -3	1 74
	1		1. Decedent's Nema (First, Middle, I	.ast)							2. Data of Da			3. Time	of Death
П	Physici		ANNE		You	NG.					AUC.	Dey	1996	141	5 hour
	/Medi Examir		4a. Fecility Nama (If not Institution, g	iva street and nu					4b. City, To	wn, or Lo	ocation of Deat	-	unty of Death		
	LAGIIII	ici	Atlantic Genera	1 Hospi	tal				Berl	lin		ı	Norce	ston	
Н	Funeral			Sex		rs. last birthde	y) If Une	der 1 Year	If Under	24 Hrs.	8. Date of Bir				
	Funeral Director		214-38-2726.	1□M 2⊠F	84	Yrs	Month	ns Days		Min.	8. Date of Bir (Month, De Dec 31	y, Year)	Cou	ntry)	or Foreign
H			Usuel Rasidenca ot Decedent		04				1		Dec 31	, 1711	remi	ISYLVA	illa
	show ad at		10a. State 10b. County		10c.	City, Town or	Location							10d. Inside	City Limits
	Man.	ō	Maryland Worcest	or		R	erlir							1 🗆 Ye	s 2 No
	the 28s	Directo	10a. Street and Number	CL				Zip Code				10g Chizen	of What Cou	intry?	
	within 72 hours after death with the Maryland ene. than "natural", or items 23a or 28a-f show he Medical Examiner must be notified at	ā	2007 O Di	_			1.0	218	1.1			USA	01 771101 000		
	eath 23	era	2807 Ocean Pine		adant Francis	116	2 Mac Da			-i-0 (C-	i4 - V A I -		Dave Ameri	ana Indian	
	er de	Funeral	11. Maritai Status	12. Was Dao Armed Fo	orces?	10,5.	it Yes, s	pecify Cub	en, Mexicar	n, Puerto	ecify Yes or No Rican, atc.)		Race - Ameri Bleck, White,		
ì	s aft	by F	1 ☐ Never Merried 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	If Yes, Gi	Ve		1 🗆 Yes	21 No	Specify:			Spi	ecify: T.Th.	ite	
	hour least			Yaar or D	Jatas:	1 12 2									
2000	72 na	Completed	15. Decedent's (Specify only highest g			18e. De	cedent's U	suai Occu _l work done	petion during mos ed)	t of work	ing	16b. Kind o	of Business/In	ndustry	
	F 6 F	d E	Elementery/Secondary (0-12)	College (1-4or 5+)							D - 1 - 4 -			
	filed with Hygiene. rther ther		47 5 4 4 4 4 4 4 4	5+ year	S	Sch	001 T	eacne					more Co	ounty	
	T D D O	Be	17. Fether's Nama (First, Middle, Las	•					1		e (First, Middle		nama)		
	Men Men	2	Michael Yanavic	h					Ev	a Sk	arnulis	3			
	s 1 and 2 should be filed within 72 hours after death with the Maryle Health and Mentel Hyglene. tem 27 Is marked other than "natural", or items 23s or 28s-1 show to the traumatic event, the Medical Examinet must be notified as		19e. intorment's Neme/Reletionship	(Type, Print)		19b. M	liing Addre	ess (Street	t end Numb	er or Run	al Route Numb	er, City or To	wn, Stete, Zij	p Code)	
	Health Health Hern 27 I		Brian W. Young	(5	Son)	5038	3 Whi	ttier	Lane	Ro	ckford,	IL	61114		
			20a. Method of Disposition			. Piece of Dis	sposition (A	Verne of	ice)		Date	20c. Locati	ion - City or To	own, Stete	
	Pages nent of I ant: If its		1 ☑ Burlel 2 ☐ Cremetion 3 4 ☐ Donetion 5 ☐ Other (Spec			t. Oli				8	-14-96	Randa	allsto	wn. M	D
	그는무중		21. Signature of Funerel Servica Lic											,	
	Depariment of the post of the		NO.	1 21		1		_			1 Direc				
			John 1	the y					ty Rd		andalls		MD 2	1133	
		7-	23a. Part. Enter the disease, or co shock, or heart tellure. List on	y one ceuse on e	ech iine.	eath. Do not	enter the m	ode ot dy	ng, such es	cardiec	or respiratory a	rrest,		Approxim Intarvai B Onset sno	etween
	Physician					1 ,			,				-	Onset sin	a Death
	/Medical Examiner		immediate Cause (Finei disease or condition resulting in death)	0. 1	MRSEN	nterio	c th	romi	6051	. 2					
			resolding in deedil)		Due to	o (or es a con	sequenca d	ot):					1		
	D #	ine.		ı b											
	and tren	Examiner	Sequentially list conditions, if any, leading to immediate		Due to	o (or es a con	equenca c	of):							
	Sian Sian												1		
	eath certificate be executed attending physician end for use as the buriel-trensit	Medical	that initieted events rasulting in deeth) Lest	0.	Dua to	(or as a cons	equence o	f):					1		
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	th ce lendi	an		d											
	0 0	Physician	Pert li. Other significant conditions	contributing to d	eath but not	rasulting in the	underlyin	g cause gi	ven in Pert I		23b. Did	tobacco use	contribute t	to the caus	of death?
	law requires that the de as been signed by the 2 should be detached	hy									10	Yes 201	No 3□Pro	bably 4	Unknown
•	arts and a de de	by F													
	n sig											en eutopsy	24b. W	ere eutops	y tindings
	w re sho	et									pend	rmed?	CC	vailable prio ompiation of death?	cause
	0 - 0	Completed										-54			- 11
	iclan: The certificate rector, pag		A- 11/2								10	0	0 1	☐ Yas 2	□ No
	Physician: this certific ral director,	a	25. Wes case reterred to medical examiner?	Hospitai:				100	26. Place	of Deet	h (Check only o	ona)			
	this ald	2	1 Yas 2 No	16		ER/Outpat		DOA	4 LINU		me 5□ Resi			ify)	
	B 9 6	Certification:	27. Menner of Deeth 1 → Naturai 5 □ Pending		of Injury th, Dey Year	28b. Time Injur	У	28c. Inju Wo			28d. Dascribe	now injury or	curred		
	of or Attending efter death. I Director: After d in by the fune	cat	2 Accident invastigati 3 Suicida 6 Could not				М	1	Yes 2	No					
	red freed	E	4 Homicide determine	d Zoe. Piece	of Injury - Aing, atc. (Spe	i homa, ferm, ecify)	street, fect	ory, office			28f. Location (City or To	Street and N wn, State)	umber or Run	ral Routa Nu	ımber,
	is el Del	Ö	- 1												
	To the Hospital or I within 24 hours effer To the Funeral Director Completely filled in the Internal Presentation of the Internal Pr	edical	29e. Certifier Contifying F	hysician: To the miner: On the b	best of my i	nowledge, de	eth occurre	ed at the ti	me, dete en	d pieca,	end due to the	ceusa(s) end	manner as s	stated.	(a)
	he Fi	8	one)	and men	ner steted.	inetion endroi	iiivestigeti	on, and my c	opinion, dee	MII OCCUII	oo at the thine,	date and pre	ce, end due t	io the cause	(3)
	To To	Σ	29b. Signeture and title of certifier					29c. Lican	sa numbar			29d. Data si	igned (Month,	, Day, Year)	
			* (Must	o MO			1	2000	5060	5		Hu	49	96.	
	76		30. Nema and address of person who	-	se ot death (i	tem 23e) (Tvr							+ +		
	2)			thway 1		Berl		Md		218	11				
	Sta	te	31. Data filed (Month, Day, Year)					7.471							
	Registr		AUG 14 1996	grina Das	legistrar's 9	anadas									
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State of Maryland / Department of Health and Mental Hygiene

96 24 195

			Certificate of Death	P	Reg. No.) U L.	1 3 0
	l bulleton			2. Date of Dea Month			e of Death
	Physici /Media		MARYJANE ANSELMI	AUGUS"	T 12 1	996 5-	- 50P. 1
	Examir		4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Loc	ation of Deeth	4c. County of	of Death	
			HATRBOR MOSPITAL CENTER BARTIN	TORE	1272	TIMORI	ECITY
	Funeral Director		21802-7345 10M XF GG Yrs. Months Days Hours Min.	8. Date of Birth (Month, Dey MORN 1	2,1927	9. Birthplace (Steel Country)	te or Foreign
	death with the Manyland ms 23s or 28s-f show	or	Usuel Residence of Decedent 10a. Stete 10b. County N/A 10c. City, Town or Location 13c. Himore City				City Limits
	permit. Peges 1 and 2 should be filed within 72 hours after death with the Marylen Department of Health and Mental Hygiene. Important: if item 27 is marked other than "naturet", or ferms 23a or 28a-f show any follury or other traumatic avent, the Medical Examinet must be notified at ance.	Funeral Director	106. Street and Number 306 Street 31230	1	10g. Citizen of W	het Country?	-
	s 23	era	000 0 1 1000	city Voc or No.	MNITELA	- American Indian	2
	her d	Fun	11. Meritel Status 12. Was Decedent Ever in U.S. Armed Forces2 1 □ Never Married 1 □ Yes 2 No 1 □ Never Married 1 □ Yes 2 No	Rican, etc.)	Black	, White, etc.	,
21215-0020	72 hours after netural, or he	þ	3 ☐ Wildowed 4 ☐ Divorced If Yes, Give-1 Yeer or Detes:		Specify:	Whit	C
15	n 72	Completed	15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of workin life. DO NOT use retired)	ng .	16b. Kind of Bus	iness/industry	
12	within ene. than "	ЭЩ	Elementery/Secondary (0-12) College (1-4or 5+) Gth Gracle College (1-4or 5+) Homemaker Homemaker		0	UN HO	me
	Hygir Hygir The mt.		17. Fether's Neme (First, Middle, Last) 18. Mother's Name	(First, Middle,			
an	id be ental ked o	To Be	Clarence U. Dillow Nora	1 1/	R	1550	
Maryland	should nd Mer marks amatic	F	19e. intormant's Name/Reletionship (Type, Print) / 19b. Malling Address (Street end Number or Rural	Route Numbe	r City or Town 5	State Zin Code)	,
	fealth arm 27 ls		Joseph M. Anselmi/Husband 306 E. Rawdalls	St. B	alto. N	110 alo	130
altimore	Peges ' net of F nt: If ite iry or ot		cemetery, cremetory or other place)	Dete		City or Town, State	
Ę	tment:		4 Donation 5 Other (Specify) DEN HAVEN MEM, Yark, Au	1916,190	46 But	to. MD	
Bal	permit. Departr Importu any inju		21. Signatility of Europe Survice Ligarises 22. Name and Address of Facility CNAMES L. STOVEN	& Func	eval H	ome, I	NC.
	70 F 4 9		UIUS E DOLE FORT	Ave	NVC B	aldo. MD	21230
×.	Physician		23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or shock, or heart failure. List only one cause on each line.	respiratory arr	rest,	Approxin Interval E Onset er	nete Between
И	/Medical		Immediete Cause (Finel disease or condition a. STATUS EPILEPTICUS	C		Drive	~~ ~
	Examiner		resulting In death) a. S (7700 T T T T T T T T T T T T T T T T T T	5		UIVE	THE
		ner	- BRAIN METASTASES		.4	FMA	D.000
	outed	Examiner	U. The state of th			1000	THAT
ox 68760,	Jeath certificate be executed s attending physician and d for use as the buriel-transit	/Medical	Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Due to (or as a consequence of): C. Due to (or as a consequence of): Due to (or as a consequence of):	RCI	NOm	A OWE	YEBR
. Bo	that the death ce hed by the attendi	Physician	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.	23h Did to	obacco use con	tribute to the caus	e of death?
P.O.	by the	hys	Forms of the segment committees contributing to coath but not resoluting in the uncertainty cause given at Felt I.			3 Probably 4	
S, T	es that igned I be det	by P			98 ZLINO	Systicology 4	_ OHKHOWH
Records	aw requir 1s been s 2 should	Completed t		24a. Was a perform	an autopsy med?	24b. Were autops available pric completion of death?	or to
	The I	FO		1 🗆 Y	es 2 No	1 Yes 2	No
a		Bec	25. Wes case referred to medical 28. Plece of Deeth	(Check only or	10)		
>	yalcian: is certific director,	10	examiner? 1 Yes 2 No			r (Specify)	
0	두 두 등		27. Menner of Deeth 28e. Date of Injury 28b. Tima of 28c. Injury at 21		ow injury occurre		
0	ttending deeth.	atic	2 Accident Investigation M 1 ☐ Yes 2 ☐ No				3
Division of Vital	i or Attend after deeth Director: /	Certification:	3 ☐ Sulcide 4 ☐ Homicide 6 ☐ Could not be determined 28e. Placa of Injury - At home, tarm, street, factory, office building, etc. (Specify)	8t. Location (Si City or Town		r or Rural Route N	umber,
_	To the Hospital or Attent within 24 hours after deet To the Funeral Director: completely filled in by the	edical C	29e. Certifier (Check only control of the best of the	nd due to the c	euse(s) and man late and place, a	ner as stated. nd due to the caus	e(s)
	the the	Med	end manner stated. 29h Signeture and title at partition.		10d Date signed	Month Day Von	
	5.25.8		ENT. MEDICAND AS #244161	14-14	A116 (10	(Month, Day, Year	1991
	1						, , , ,
	6		30. Name and address of person who completed cause of death (Item 23a) (Type, Print) CENTER SUDHIR K. AGGARWAL, HARBOR HOSPITAL CENTER	2, 300	1 S. H	E, MD:	L ST.
	Sta Registr	_	AUG 1 5 1996 Julia Day Special Day Day Day Day Day Day Day Day Day Day				



3

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPAR CERTIF	TMENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	
3	1. DECEMBET'S NAME (First, MICHA, Last)	Brown		2. DATE OF DEATH	3. TIME OF DEATH 2:00 PM
	213-40-0005	5. SEX 1 1 2 1 F 5 8 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. HOURS MHN.	12-5-37 i	BIRTHPLACE (State or Foreign Country), CallSta MD
HOT	9a. FACILITY NAME (If not institution) give at	reet and number)	Baltmon Baltmon	P. 4.	V OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY	N/A 10c. CITY	Balamore	e City	10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER Y200 WILL	dlea Aven	01.	206	N OF WHAT COUNTRY?
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISP/ If yes, specify Cuben, Mexic 1 YES 2 NO Spec	an, Puerto Rican, etc.)	4. RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		USUAL OCCUPATION vork done during most of working e retired.)	16b, KIND OF BUSINESS/INDU	STHY
	17. FATYER'S NAME (First Middle, Last)	2 SR	18. MOTHER'S N	AME (First, Middle, Maidee Surname)	no yea
TO BE	18a. INFORMANT'S NAME (PYPOPTICE) Shirley Bi	2000 196. MAILING	ADDRESS (Street and Number or Rural 3' ASIO U. M. U.	Route Number, City or Jown, State, Zip C	ode)
	20a/METHOD OF DISPOSITION 1 S Burlal 2 Cremation 3 Remo	20b. PLACE AND DATE Camelery, cremetory of	OF DISPOSITION (Name of Port Place)	DATE 20c. LOCATION - CO	y or Town, State.
	21. SIGNATURE OF FUNERAL SERVICE LIC	P. Carrol O	22. NAME AND ADDRESS OF F	North Aus	enue.
	23. PART-I. Enter the diseases, or c	complications that caused the death. Do n	ot enter the mode of dying, su	ch as cardiac or respiratory arres	
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. metastatic di Due to (or as a consequence of	lung cance	er	Interval Between Onset and Death
ATION	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF) :		
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):		
	PART II. Other significant conditions	a contributing to death but not resulting i	n the underlying cause given in		24b. WERE AUTOPSY FINDINGS
MEDICA				1 (1 YES: 2 NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C	heck only one)	
SIC	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA	OTHER: 4 Nursing Home 5 Residence		
BY PH	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 28b. TIMI		28d. DESCRIBE HOW INJURY OCCU	RED
	3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY — At home, term, a building, stc. (Specify)	treet, factory, office	261. LOCATION (Street and Number of City or Town, State)	Rural Route Number,
COMPLETE	one) 2 MEDICAL EXAMINE	CIAN: To the best of my knowledge, death occurre R: On the basis of examination and/or investigation			
TO BE (296. BIGHATUBU AND TITLE OF CERTIFICA 30. NAME AND ADDRESS OF PERSON WHO	unly	29c. LICENSE NU	MBER 29d, DATE	HONED (Morth, Day, Year) US 12 1996
	31. DATE FILED (Month, Day, Year)	COMPLETE CAUSE OF DEATH (ITEM 27) (Type. 20 REGISTRAR'S SIGNATURE	TON AVE 1	SALTO MA	21229
	AUG 1 5 1996	Julia Pavidson-Randelle	G .		

Physician /Medical Examiner

Examiner

Physician/Medicai

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Be

2

Certification:

Medical

29b. Signature and title of cartifier

ie Dackerman MD

University of Maryland Medical System

30. Neme and address of person who completed cause of death (Item 23a) (Type, Print)

Physician

/Medical

Examiner

10e State

Directo

Funeral

þ

Completed

0

Funeral

Director

the Manyland

permit. Peges 1 and 2 should be filed within 72 hours after death with the Manylan Department of Health end Mental Hygiene. Important: If Item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other treumatic event, the Medical Examena must be notified at

Baltimore, Maryland 21215-0020

ettending physician and for usa as the burial-transit ed by the e signed by to director,

Vital Records, P.O. Box 68760,

law requires that the death certificate be has contrilicate 8 To the To the To the

Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Status post 25. Wes case referred to medical examiner?
1 ☐ Yes 2 ☐ No 26. Plece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 26a. Dete of Injury (Month, Day Year) 27. Manner of Deeth 28d. Describe how Injury occurred 28c. Injury at Work? Netural 5 Pending investigation 1 Yes 2 No 2 Accident 28f. Location (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one)

29c. License number

D31670

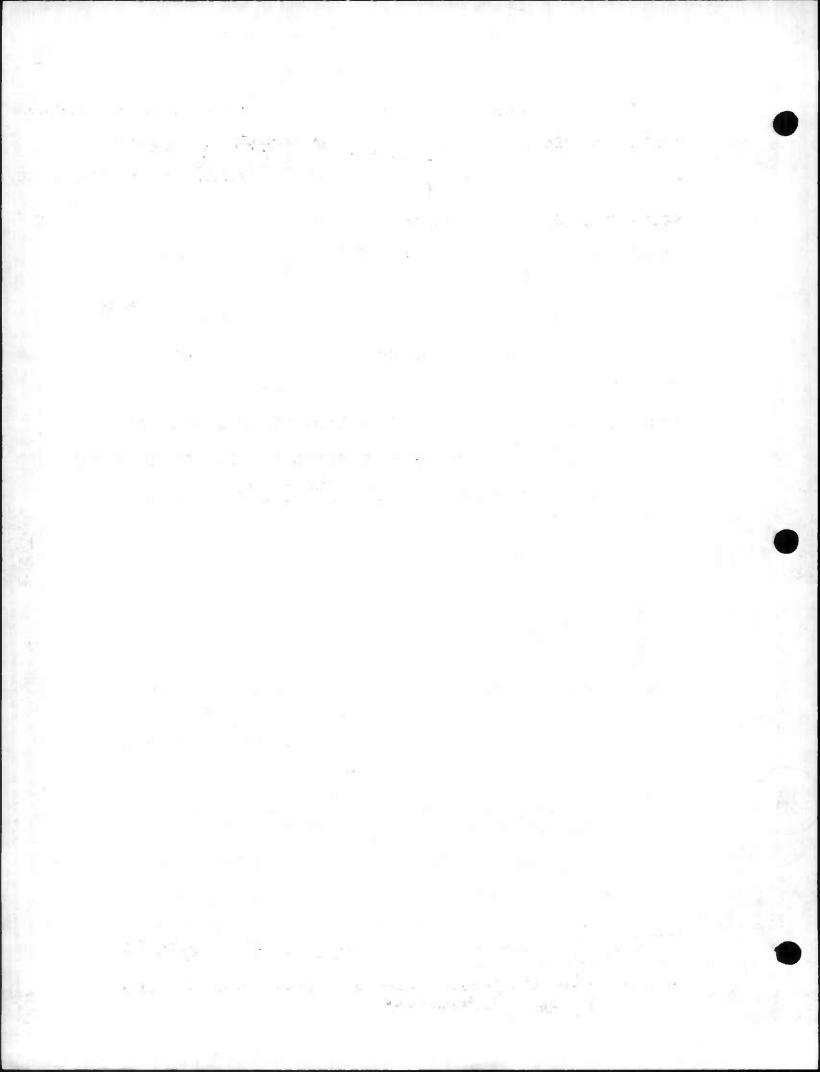
29d. Dete signed (Month, Day, Year)

22 S. Greene St Baltimore

State Registrar

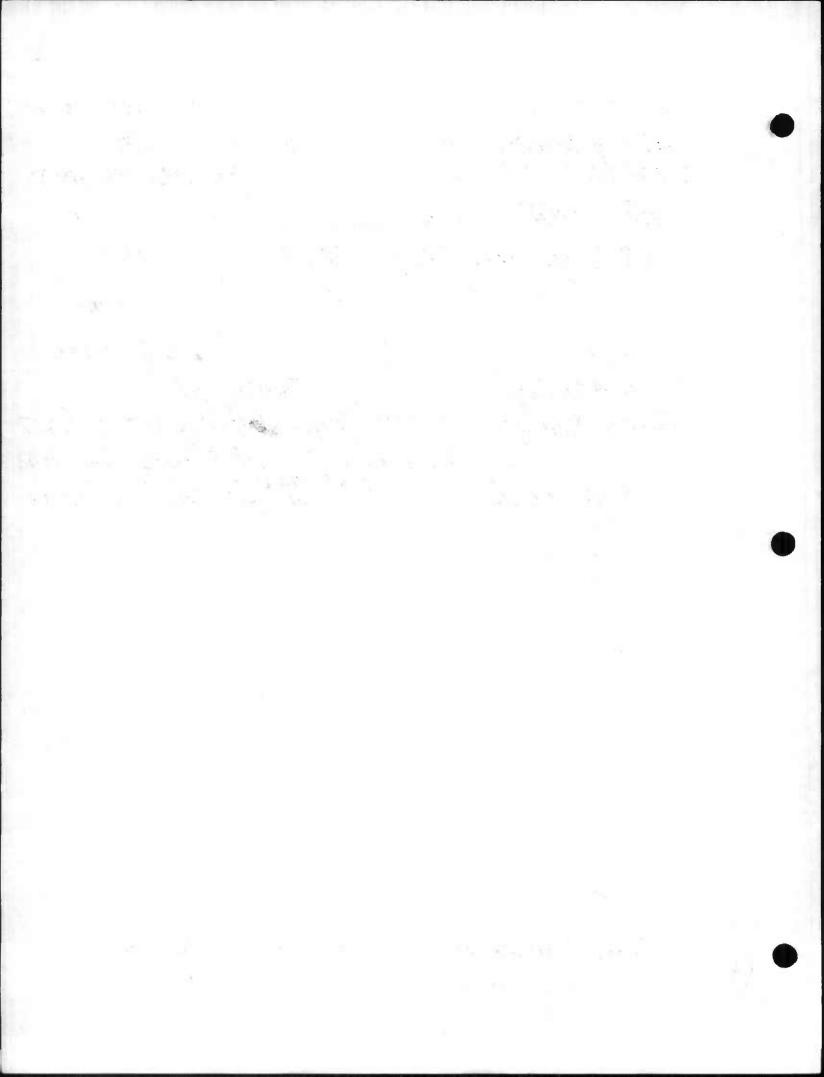
State of Maryland / Department of Health and Mental Hygiene 96 24 198

Department of resein and Manial hygiena. Important: if item 27 is marked other than "natural", or items 23a or 28a-f ahow any injury or other traumatic event, the Medical Examine must be notified at once. To Be Completed by Funeral Director	MARYLAND BAL 10e. Street and Number 4020 KLAUSMIER 11. Marital Status 1 Naver Married 2 3 Widowed 4 D (Specify on) Elementery/Secondery 12 17. Fathar's Name (First, JOSEPH BILZ 19a. informant's Name/Re JOHN C. BILZ 20a. Method of Disposition 1 M Buriai 2 Creft 4 Donation 5 D	dant County TIMORE ROAD Rededont's Edy highest gra (0-12) Middle, Last)	George Tastreet and number TTAL Sex 7. A 12. Was Decedant Armed Forces 1 Yes 2 If Yes, Giva Year or Dates: ducation college (1-4or N/A	ga (In yrs. 82 10c. Ci PERF	last birthda Yrs. ty, Town or Y HALL 16a. Dec (Gi life)	Mont Location 10f. 23. Was De If Yes, s 1 Yee edent's Leve kind of	Zip Code	BALTIMO If Under: Hours Hours	wn, or Loc PRE 00 24 Hrs. Min.	2. Data of De Month August cation of Death UNTY 8. Date of Bin (Month, Da ULY 23,	Day 11, or 4c. Cour Ba1, y, Year) 1914	timore 9. Birthp Cour BALTIN 1 What Cour ace - Americ lack, White,	9:3 Islaca (Stata Itry) 10RE, M Od. Inside to the stry?	MARYLAN
resein and Menial Hygiena. tem 27 is marked other than "natural", or items 23a or 28a-1 ahow other traumatic event, the Medical Exercine must be notified at	4a. Facility Name (If not in FRANKLIN SQUA 5. Social Security Number 215-03-8216 Usual Residence of Dece 10a. Stata 10b. MARYLAND BAL 10e. Street and Number 4020 KLAUSMIER 11. Marital Status 1 Never Married 2 3 Widowed 4 DC (Specify on) Elementery/Secondery 12 17. Fathar's Name (First, JOSEPH BILZ 19a. informant's Name/Resident 10 Burial 2 Creft 10 Donation 5 DC	dant County TIMORE ROAD Married Vivorcad Recedent's Ecy highest gra (0-12) Middle, Last)	12. Was Decedant Armed Forces: 1 Yes 2 Yes, Giva Year or Dates: 1 Ucation and completed) College (1-4or N/A	ga (In yrs. 82 10c. Ci PERF	last birthda Yrs. ty, Town or Y HALL 16a. Dec (Gi life)	Mont Location 10f. 2 3. Was De If Yes, s 1 Yes kind of	Zip Code	BALTIMO If Under: Hours Hours	wn, or Loc ORE CO 24 Hrs. Min.	August cation of Death UNTY 8. Date of Bin (Month, Da JULY 23,	11, Bal Bal 1914 10g. Citizen of U.S.A.	1996 hty of Death timore 9. Birthp Cour BALTIN	laca (State try) ORE, M Od. Inside 1 □ Ya stry?	or Foreign
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tem 2	20a. Method of Disposition 1 ☒ Buriai 2 ☐ Crer 4 ☐ Donation 5 ☐ C	(SON)	Type, Print)							Route Numbe	er, City or Tow	m, State, Zip	Code)	
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ury	4 □ Donation 5 □ C		Removal from State		Place of Dis cometery, co	emetory	vame of or other pla	ce)	i	Date	20c. Location	n - City or To	wn, Stata	
	21 Cianatura of Frances 6			MOR	ELAND I	18MORI	AL PAR	K AUGUS	T 15,	1996	BALTIMO	RE, MAR	YLAND	
mpor mpor phce.	21. Signature of Funeral S	Service Lican	isee			22. Name	and Addre	ss of Facility	/ F TN/	0				
7 E 9 G	MOST	(ac	KARR	dr				RAL HOM		ORE, MAR	M AND OA	000 400	-	
Examiner Lauren	resulting in death)		e. Pul	Due to (d	or as a gons	equence	of):						35 m	
he bu	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or as a consequence of):									-				
or use a	L d													
d by the atten- etached for u Physician	Part II. Other significant of	esulting in the underlying cause given in Part i.					23b. Did t	obacco use c	ontribute to	the cause	of death			
										101	res 2⊠ No	3 ☐ Prot	ably 4	Unknow
2 should be											an autopsy med?	CON	ore autopsy allable prior apletion of death?	to
Com										1 🗆 Y	es 2 √ No	1 [Yes 2	□ No
Be Be	25. Was case referred to r axaminer?	-	I I 2 - 1						of Death	(Check only o	ne)			
To To	1 ☐ Yes 2 ☐ No		Hospital: 1 Inpatie		ER/Outpati		DOA Oth	4 LI NUR	-	e 5 Resid)	
e: Alter le funer atlon:		Pending investigation	28e. Dete of Inju (Month, Da	ry y Year)	28b. Time Injury		28c. Injur Wor 1 🗆	yat k? Yes 2 □ N		28d. Describe how injury occurred				
eral Director: Ahar tilled in by the funerical in Certification:	3 Suiclda 6 4 Homicide	3 Suicida 6 Could not be determined 28e.			Placa of injury - At home, farm, street, factory, offica building, etc. (Specify)			28	28f. Location (Street and Number or Rural City or Town, State)			Routa Nur	n <i>ber</i> ,	
completely filed in Medical Cert	29a. Certifier 1 TC Co (Check only one) 2 Me	ertifying Phy edicai Exam	raician: To the best iner: On the besis of and manner sta	examina	wledge, dea tion and/or i	th occurrenvestigati	ed at the tin	ne, date and pinion, death	placa, an	d due to the d	ausa(s) and n	nanner as st	ated. the cause(s)
Me	29b. Signature and title of	centifier				- 1	9c. Licens	e number		1	29d. Data sign	ed (Month, L	Day, Year)	
70.50	MA	1	117				100	Ens	1 E	-	8/11/	31		
n	30. Name and address of p	armontan .	ompleted cause of	eath /tra-	22a) /T		100	504	03		0/11/	76		
V	Dr. Mark Se	/	9000 Fra											



			State of Maryland / Department of Health and N Certificate of Death		ene 9 (24199
ľ	Physic	ian	1. Decedant's Nama (First, Middle, Last) Lisa M, Barley	2. Data of Death Month		3. Time of Death 7:40 am
	/Medi Exami		4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Li	ocation of Death	4c. County of	
	LAMIN	ici	LIDERTY MEDICAL CTR. BALTIN	MORE_	NA	9
	Funeral Director		5. Social Security Number 8. Sax 7. Aga (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. Wonths Days Hours Min.	8. Data of Birth	1966	Birthplaca (Stata or Foreign
	faryland f show sd.at	or	10a. State 10b. County 10c. City, Town or Location			10d. Insida City Limits
	ter death with the Maryla Rems 23s or 28s-f sho Inst. must be notified at	Funeral Director	10e. Street and Number 2	10	g. Citizen of Wh	
	th with	al D	1702 GWYNNG FALL PKIN 21217		11,4	A
	ar dea	uner	11. Marital Status 12. Was Decedent Ever in U.S. 13. Was Decedent of Hispanic Origin? (Sp. Armed Forces?) If Yas, specify Cuban, Maxican, Puerto	pecify Yes or No- Rican, atc.)		Amarican Indian, Whita, atc.
020	f, or in	by F	1 Never Married 2 Married 1 Yes 2 No 1 Yas 2 No Specify: Yes or Dates:		Specify:	Black
5-0020	72 hot natura fical E	pete	15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of work	lina 10	6b. Kind of Busi	nass/Industry
2	within lone. Then The Med	Completed	Elementary/Seogndary (0,12) College (1-4or 5+) Iffa. Do NOT usa retired)	ung	92-7	STORE
d 21	filed v Hygle ther t		17. Father's Name (First, Middle, Last) 18. Mother's Name	a (First, Middla, Mi	aiden Sumama)	, / IUNE
/lan	Admitsh Admitsh rhead o	To Be	ROUATO N. BAILEY	K TA	159	
Maryland	2 sho is me is me		19a. Informant's Name/Relationship (Type, Frint) 19b. Mailing Addrasa (Street and Number or Rur	rai Royta Number,	City or Town, Si	ata, Zip Code)
- 10	1 and Health em 27 fther 1		20a. Method of Disposition 20b. Place of Disposition (Nama of	1/9 //W	1 mm	ty or Town, Stata
mor	ant of the R is		1 @ Burial 2 Gremation 3 Removal from State (sematary, cramatory or other place) 4 Donation (5 Other (Specify)	-14-91/9	RAM ADA	Lange MD
Baltimore	partm portar y injur		21. Signature of Feneral Service Licenses 22. Name and Actifies of Scilings 12	4 Frens B	Aldon	KYA
m	88188		Vood / March 270 FRADHILTON	1999	BATTA	10.21229
	Fors		23a. Party britished bease, or complications that caused the death. Do not enter the mode of dying, such as cardiac shock or hear failure. List only one cause on each line.	or respiratory armi	il,	Approximata Interval Between
	Physician /Medical		immediata Causa (Final Bilateral Pneumonia			Onsat and Death
	Examiner		disaasa or condition rasulting in death) Dua to (or as a consequence of):			7 weeks Xeors
	D its	iner	Acquired Immunodeficiency Syn	drome		Years
-	be executed sician end burial-transit	Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disaasa or injury			
1760	2 52	Icai	Dua to (or as a consequence of).			
× 68	requires that the death certificate be executions that the description of the attending physician hould be detached for use as the burial	Physician/Med	resulting in death) Last			
Box	d for u	ician	Dot II. Other significant conditions constitution to doub but not equilies to the underlying some significant	not Did tob		lhuta ta tha anns ad da th'
P.O.	es that the death igned by the atte be detached for	hys	Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I.			Drobebly 4 Unknown
	igned be del	þ				
oro	been s	eted		24a. Was an perform		24b. Wara autopsy findings available prior to completion of cause
Records,	has has	Completed		400	1	of death?
ital	delan: The certificate rector, pag	Be Co	25. Was case referred to medical 26. Place of Deet	1 ☐ Yas		1 ☐ Yas 2 Ø No
of Vital	Physician: this certific ral director,	ToE	1 Yas 21 No Hospitel: 1 Manpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Ho	oma 5 Rasidan		(Specify)
ouc	De le le	:lou:	1 De Natural 5 □ Panding (Month, Day Year) Injury Work?	28d. Describe hov	v injury occurred	
Division	or Attending after death. Director: After d in by the fune	Certification:	3 Suicida 6 Could not be detamined 28a. Place of Injury - At homa, farm, street, factory, office			or Rural Routa Number,
Ö	rs after or all Dir		/	City or Town,		
	To the Hospital or Attendition within 24 hours after death. To the Funeral Director: All completely filled in by the fu	edicai	29a. Certifier (Check only one) 10 Certifying Physician: To the best of my knowledge, daath occurred at tha tima, data and place, and manner stated.	and dua to the cau red at the time, det	use(s) and mann ta and place, an	ar as atated. d dua to tha cause(a)
	To th To th comp	Me	29b. Signatura and titla of certifiar 29c. Licansa number	29	d. Data algned (Month, Day, Year)
			D41365	A	ugust 4	7, 1996
	H		30. Nama and address of person who completed causa of death (Item 23a) (Type, Print) George E. Wicks The M.D. 2600 Liberty	theight	a Ave	21215
	Sta Registr		31. Data filed (Month, Day, Year) AUG 1 5 1996 22. Registrar's Signatura	•		
	•		1000			

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96

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	Fil	m G	738 item 19a per FH 8-1	.5-96 rja		Cer	tificate o	f Death			Reg. No.		_ 1400
			Decedent's Neme (First, Middle, Last)							2. Dete of De		-	3. Time of Death
	Physic /Medi		RUTH LOUISE BURK							AUGUST 1	0. 1996	Yeer	11:05 P.M
	Exami		4a. Facility Neme (If not Institution, give	street end number)			4b. City, To		cation of Deet	1	nty of Deeth	
1	Exami		3819 DANCE MILL ROAD					PHOENIX	(BALTI	MORE	
Н	Funeral		5. Social Security Number 6. Sec	7. A	ge (In yrs. lest b	irthdey)	If Under 1 Yea		24 Hrs.	8. Date of Bir	1	1	place (State or Foreign
	Director		274-34-7310	M 20 F 77	7	Yrs.	Months Day	s Hours	Min.	8. Date of Bir (Month, De OCTOBER	1, 1918	RAI T	MORE CITY
			Usuel Residence of Decedent							COTTONIA I	1, 2020	C1 (2.13	TOTAL OLIT
	ylan Mor		10a. Stete 10b. County		10c. City, To	vn or Loc	ation						10d. Inside City Limits
	Mar	ţ	MARYLAND BALTIMORE		PHOENIX	(1 ☐ Yes 2 ☐ No
	1 28 1 28	Director	10e. Street and Number				10f. Zip Code)			10g. Citizen o	of Whal Cou	ntry?
	3a o		3819 DANCE MILL ROAD				21131				U.S.A.		
	72 hours after death with the Maryland natural, or Hems 23a or 28s-f show dical Examiner must be notified at	Funeral		12. Wes Decedent	Ever In U,S.	13. W	es Decedent of	Hispenic Ori	igin? (Spe	ecify Yes or No	-	ece - Ameri	can Indien,
0	flar	F	1 Never Merried 2 Married	Armed Forces		18	Yes, specify Cu	iben, Mexicar	n, Puerto	Rican, etc.)	В	ieck, White,	etc.
Maryland 21215-0020	urs a	þ	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Detes:	\	1	☐ Yes 300 N	o Specify:			Spec	city: WHIT	TE.
9	natural',	Completed	15. Decedent's Educ	cation	166	. Decede	ent's Usuel Occ	upation	- 10 1		16b. Kind of		
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<u>a</u>	U % D P	ToB	GEORGE MARTIN HAGEDORN					LOUIS	E DEM	IERS			
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Ĭ	4 7 P		19e. Informent's Neme/Relationship (Ty) Stewart REV.—STEWARD A. BURK	(HUSBAND)			WCE MILL						, 0000,
ē,	E E E		20e. Method of Disposition	(TROOK TE)	20b. Pleca	of Dispos	ition (Neme of		TOLIC	Dete	20c. Location		own. Stete
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	/Medical Examiner		Immediete Ceuse (Final diseese or condition	The	creat	TL	4	inter				1	
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	entificate be axecuted ding physician and sa as the buriel-trensit	Examiner	Sequentially list conditions,	. ————	Due to (or es e	consequ	ience of):						
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ω.	- w M	Physician	Pert II. Other significant conditions con	tributing to death t	out not resulting	In the unc	deriving cause of	oiven in Pert I.		23b. Did	tobacco usa o	contribute t	o the cause of death?
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Records,	requires een sign hould be										en autopsy	24b. W	ere autopsy findings
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≥_	in by	E	4 Homicide determined	28e. Pleca of In building, et	jury - At home, f ic. <i>(Specify)</i>	arm, stre	et, factory, office	B	1	28f. Location (City or To	Street end Nur vn, Stete)	nber or Run	al Route Number,
	led led												
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	. 1		Jal M	Da	~ ~	1		125 4	177	S	8	1310	36
	U		30. Name and address of person who con	mpleted cause of o	deeth (Item) 23e)	(Type, P	rint) Paul	M. Riv	/as,	M.D.		1	
			1205 YOUR	Local	Lut	teru	elle.	MO. 0	210	43			la de la composición della composición della com
	Sta	ite	31. Dete filed (Month, Dey, Year)	32 Registr	ar's Signeture	n. •							
E.	Registr	ar	AUG 1 5 199	5 gua	randason-	Janos	Die						

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State of Maryland / Department of Health and Mental Hygiene

24201 Certificate of Death 1. Decedant's Nama (First, Middia, Last) 2. Data of Deeth 3. Time of Deeth **Physician** Month 13 gay 1996 Marquerite Burger 12:50PM /Medical 4e. Fecility Nema (If not institution, giva street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Pikesville Nursing & Conval.Center Pikesville Baltimore 5. Social Security Number 7. Aga (In yrs. last birthdey) Data of Birth (Month, Day, Year) Birthplace (Steta or Foreign Country) **Funeral** Months 1 □ M 25 F 213-34-3079 91 Yrs Director 9/5/1904 France Usual Rasidance of Dacedant 72 hours aftar death with the Maryland 10a. Stata 10b. County 10c. City, Town or Location ir than "natural", or itama 23a or 28a-f show the Medical Examiner must be notified at 10d. Insida City Limits Directo Md. 1 Yas 2 No Baltimore, Maryland 10e. Street end Number 10f. Zip Coda 10g. Citizan of What Country? 1600 Mount Royal Terrace 21217 Funeral France 12. Was Decedant Evar in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Maxican, Puerto Rican, atc.) 11. Marital Status 14. Rece - Amarican Indian. Bleck, Whita, atc. 1 ☐ Yas 2 ☑ No It Yas, Giva Yaar or Datas: 1 Nevar Married 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: White þ 3 ☑ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry permit. Pagas 1 and 2 should be filed within? Department of Health and Mental thygiene. Important: if Nem 27 Is marked other than "r any injury or other treumatic svant, the Med any injury or other treumatic svant, the Med Elemantary/Secondary (0-12) College (1-4or 5+) 12 Levindale Center Nurse 17. Fether's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Malden Sumame) Be Jaques Burger Sophie Martin 2 19a. Intorment's Neme/Ralationship (Type, Print) 19b. Melling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Stephen Mark Davis 403 Warren Ave., Baltimore, Md. 21230 20b. Place of Disposition (Name of cematary, crematory or other plece) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 ☐ Burlal 2 ☑ Cramation 3 ☐ Removel from State Metro Crematory, Inc.8/15/96 Baltimore, Md. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signatura of Funerel Service Scanner 22. Name end Addrass of Facility no Truman Schwab G. Truman Schwab Funeral Home PA. G. Truman Schwab

5151 Balto.Natl.Pike,Baltimore, Md. 21229

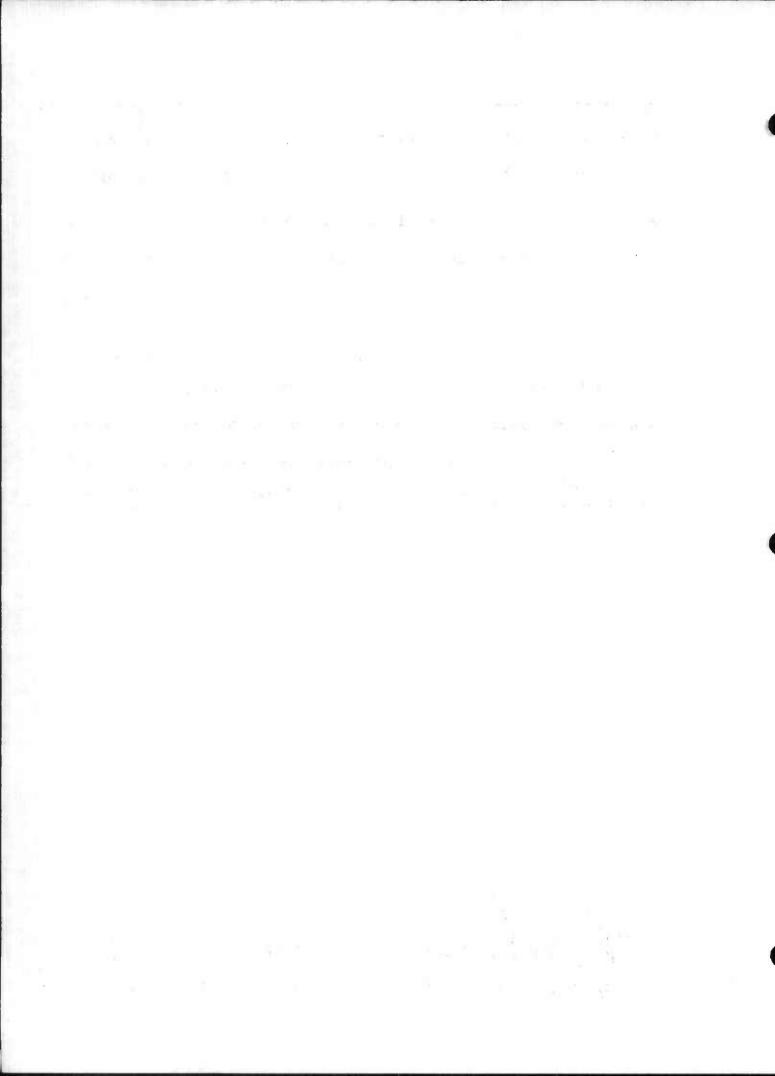
23a. Pert1. Enter the disease, or compilcations thet caused the death. Do not enter the mode of dying, such es cardiac or respiratory errest, shock, or heart tailure. List only one cause on each line.

5151 Balto.Natl.Pike,Baltimore, Md. 21229

Approximate Interval Between Onset and Death **Physician** /Medical fmmedleta Causa (Final disaasa or condition rasulting in daath) · Glomeruloscleross YDars Examiner Dua to (or as a consequence of): Physician/Medical Examiner Juscon be executed Sequentially list conditions, if any, leeding to immadiata causa. Entar Undarlying Cause (Disaasa or Injury and Dua to (or as a consequence of) iding physician Box 68760 the thet initiated avants rasulting in deeth) Last Due to (or as a consequence of): ertificate 88 OSO Division of Vital Records P.O. Part II. Other significant conditions contributing to death byt not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed been s has cartificata 1 Yas 200 No 1 ☐ Yas 2 ☐ No or Attending Physician: Be 25. Was casa referred to madical 26. Placa of Death (Check only one) Hospital: 1 Yas 2 No Othar: 4 Nursing Home 5 Residence 6 Othar (Specify) 10 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this funaral (28a. Data of Injury (Month, Day Year) 27. Manner of Deeth Certification: 28b. Tima of 28c. Injury et Work? 28d. Dascribe how injury occurred Director: After 5 Panding Invastigation 1 Natural death. 1 Yas 2 No 2 Accident 6 Could not be datamined 3 Suicida 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) aftar 4 Homicida 24 hours a Funeral C Hospital 1 Certifying Physician: To the best of my knowledga, daath occurred at tha time, data end placa, and dua to the causa(s) and mennar as steted.
2 In Midical Examiner: On the basis of axaminetion end/or invastigation, in my opinion, daath occurred at the time, deta and placa, and dua to the cause(s) and manner stated. 29a. Certifier plataky (Check only within 2 To the 29b. Signature 29c. License number 29d. Dete signed (Month, Dev. Year) 10718 30. Name, and eddress of person who completed cause of death (Itam 23a) (Type, Print)

1 HARRI, M II) ALEN IND 1838 SIZEENE TREE RD STE 300 .2 31. Date tiled (Month, Day, Year) Julia Dan Son-Pa State 5 1996 Registrar AUG 1

DHMH 16 Rev 6/95



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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible

Months Devs Hours Min. (Month, Day, Tear) Country	Aug Aug	Death 4c. (Balti	eath MOTE Birthplaca (Stata or Foraigi Country)		
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Division of Vital Records, To the Hospital or Attending Phys within 24 hours after death.

To the Funeral Director: After this completely filled in by the funeral directors.

27. Manner of Death 1 Meturel 28e. Data of Injury (Month, Day Year) 28b. Tima of Injury 28d. Dascribe how Injury occurred 28c. Injury at Work? Pending Investigation М 1 ☐ Yas 2 ☐ No 2 Accident 3 ☐ Suicida 4 ☐ Homicida 6 Could not be datarmined Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 29a. Certifier (Check only one)

1 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, date and place, and dua to tha ceusa(s) and manner as steled.

2 Medical Examiner: On the basis of axamination end/or invastigation, in my opinion, daath occurred at the time, deta end place, and dua to tha cause(s) end mannar stated.

29b. Signature/and titla of certifiar

29c. Licansa number O.C.M.E. 29d. Data signed (Month, Day, Year) August 11, 1996

30. Nama and address of person who complated causa of death (Itam 23e) (Type, Print)

MANY Druso 31. Data filed (Month, Day, Year) AUG 1 5 1996 p.koreu 111 Penn Street, Baltimore, Maryland 21201

State Registrar

Medical Certification:

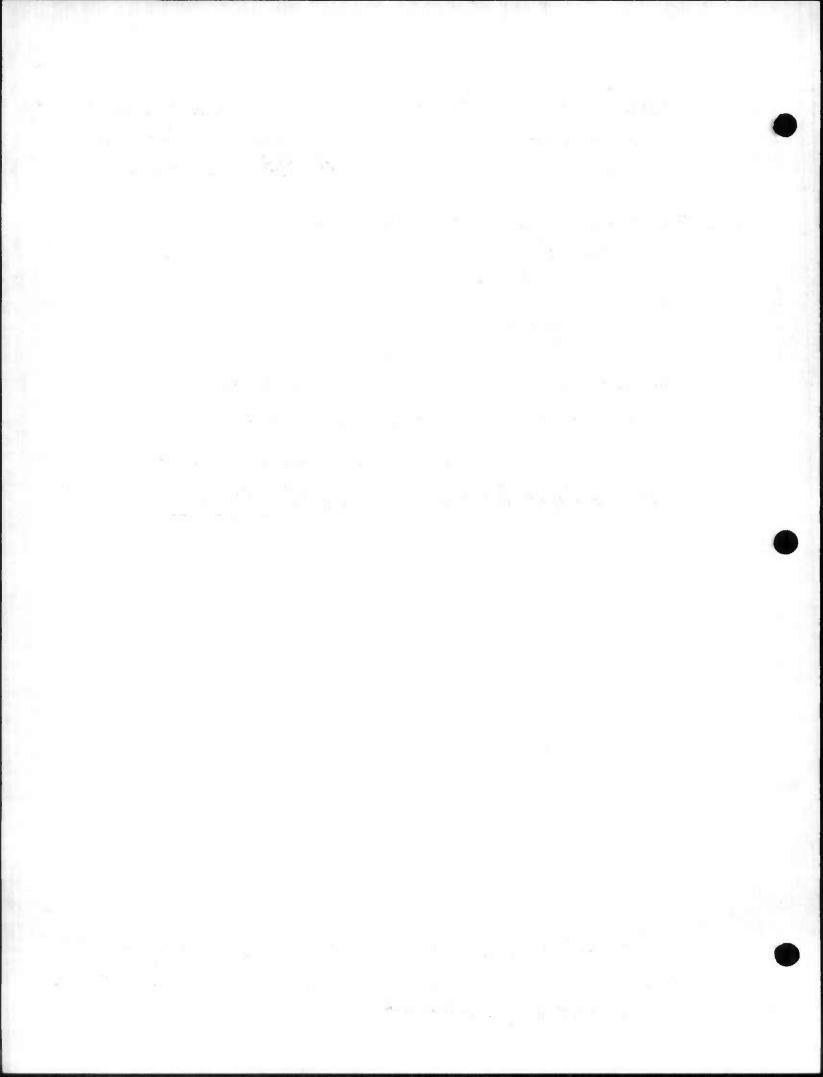
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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	or 28	i e	10e. Street and Number				10f. Zlp Coda			10g. Citizen of	What Count	try?
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<u>la</u> l	should be nd Mental I marked o	To Be	Anthony Cochra	٦				Catheri	ne Steve	ens		
Maryland	and and s m		19a. Informant's Name/Raiationship			b. Mailin	g Address (Stree	at and Number or F	Rural Routa Numb	er, City or Town	n, Stata, Zip	Code)
	of Health item 27 other tr		Edward L. Cochi	ran, Jr. (S			Sanner		larksvil]	Le,Md.21	1029	
ore	(h) ()		20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cramation 3 ☐	Ramoval from Stata	20b. Place cemat	of Dispos ary, cram	sition (Nama of eatory or other pla	ace)	Data	20c. Location	- City or To	wn, Stata
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Baltimore,	permit. Pages Department of Important: If it any Injury or once.		21. Signature of Funarel Sarvice Lica	// ,		F-	Nama and Addr		onel Hem			
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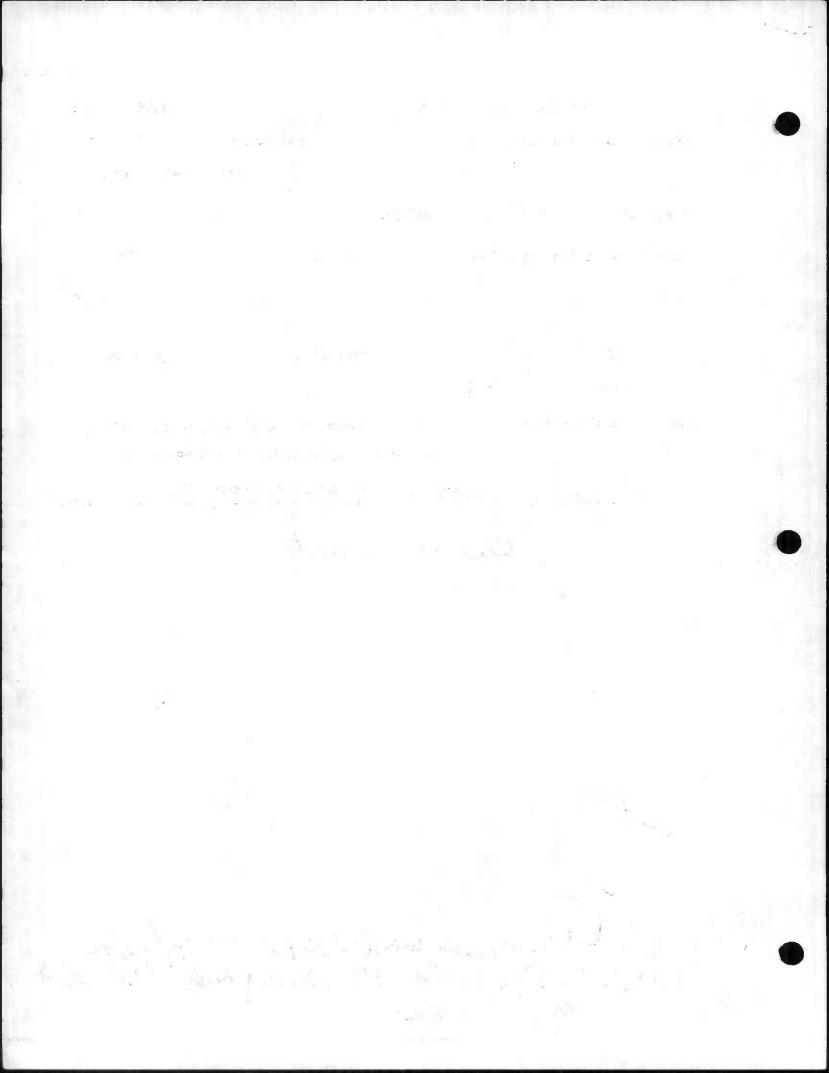
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State of Maryland / Department of Health and Mental Hygiene

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Cen	ificate	OI	Death	

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or 28	Director	10e. Street and Number	or				10f. Zip Code			1	0g. Citizen of	What Coun	itry?
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State Registrar



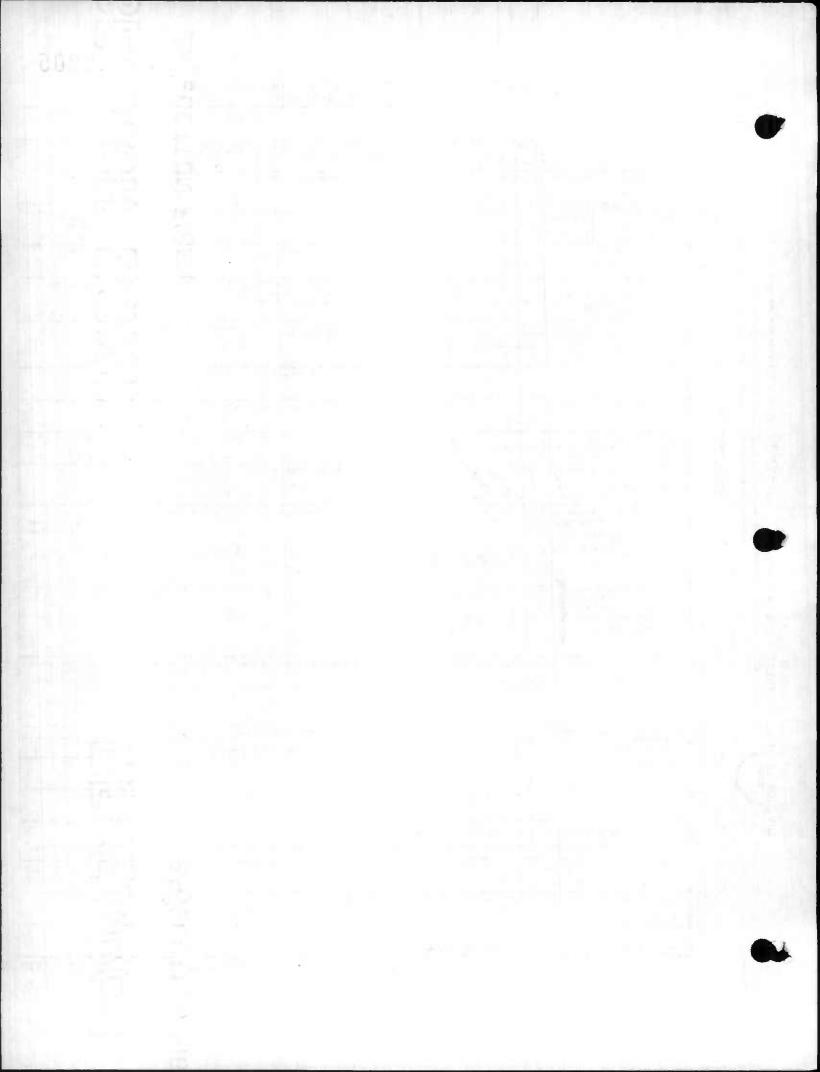
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,
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FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		UE		CAIL	OF DEP	VI II	REG. NO			
	1. DECEDENT'S NAME (First, Middle, La					U-III)			AY 1.O	YEAR	7:35 P M
	Edith 4. SOCIAL SECURITY NUMBER	5. SEX	ncan 8. AGE (In yrs. last		-111100.00			Aug. 9,	19		
	214-24-8611		9.1	YRS.	MONTHS D	AYS HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year) Apr. 29	.190	Country)	E (State or Foreign
	9e. FACILITY NAME (If not institution, gi	ve street and number)			9b, CITY, TO	OWN OR LOCA	TION OF DI			ITY OF DEATH	3 2 2 2 2 3
Œ	Eastpoint Nu		m ()						195		40
16	RESIDENCE OF DECEDENT				37.0	indal!	2		Bal	timor	8
1 2	10e. STATE 10b. COL			10c. CIT	Y, TOWN OR	LOCATION	-			10d.	INSIDE CITY
DIRECTOR	Md. Ba:	ltimore		B	altin	nore					LIMITS? YES 27 NO
A	10e. STREET AND NUMBER					10f. ZIP CO	DE		10g. CITE	ZEN OF WHAT	COUNTRY?
FUNERAL	8206 Northvi	ew Road				212	222		U.	S.A.	
5	11. MARITAL STATUS		IT EVER IN U.S. ARI		13. WA	DECENDENT	OF HISPAI	NIC ORIGIN? (Specify Yes	s or No—	14, RACE - A	merican indian, te, etc.
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BY	3 Widowed 4 Divorced	IF TES, GIVE W	ANN ON DATES		1	YES AND N	э эресп	у:		Specify:	to
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COMPLETED	(Specify only highest gi	rade completed)	(GA		vork done duri	ng most of wor	dng	Tour rains or so	0	001111	
٦	Elementary/Secondary (0-12)	College (1-4 or 6 -	*)								
2	8		HO	user	wife				Hom	0	
8	17. FATHER'S NAME (First, Middle, Lest)					18. MO	THER'S NA	ME (First, Middle, Meiden	Sumame)		
ш	Charles Wort	1					Ren	a Rogers			
9	19a. INFORMANT'S NAME (Type/Print)							Route Number, City or Tow			
5	Deborah Ray	G-Daug	ghter	820	5 Nor	thvie	W R	d., Baltin	more	Md.	21.222
	20a, METHOD OF DISPOSITION		-			ON (Name of				City or Town, S	
	1. Buriel 2 Cremation 3 1 4 Donation 5 Other (Specify)	lemoval from State	cemetery, crer	matory or or	ther place)	tors	8	-13-95	Ba1+	bM o	21224
	21. SIGNATURE OF PURPLAL SERVICE	LICENSEE	Journal	12 W 12		7 907					
	. 6. /	1)//			Bra	dlev-	Ash	curv ton Fune:	ral l	Home.	The
	then 14	. nex			213	4 Wil	Llow	Spring	Rd.	Balto	.Md.
	23. PART i. Enter the diseases,	or complications the	it caused the de	ath. Do n							Approximate
	ahock, or haart fallu	re. List only one cau	use on each line.					and the same of th		177	
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

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Funeral Director		5.	Social Security I	- 9726	8. Sax	7.	Aga (In yrs.	. last birthday) Yrs.	If Unda Months	ar 1 Yaar Days	if Undar 2 Hours		8. Data of Bir	th Year 23			laca (Stata or Fora to) IRGINIA
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23a or 28a ust be not	I Director		Da. Street and Nu	E.	LANVA	ALE S	TREE	T	10f. Zi	ip Coda	1202	2		_	itizan of V	What Coun	ny? ATES
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o d d	To Be C	17	ROBE	RT D	AVIS						M	IARY	(First, Middle	, Maldar KWE	n Sumam	na) 。	
Department of health and Mer Important: If Item 27 Is marke any Injury or other traumatic ance.			9a. Informant's N MARI 9a. Mathod of Dis 1 X Original 2	AN H	ICKS			19b. Mallir 154 Place of Dispo cematary, cran	3 A	BBO	TSTON		T., B	ALT	IMO		D #18
Important: any Injury once.		21	4 Donetion 1. Signature of Fi	5 Other (S	Specify)	6		NG MEM	. Nama a	nd Addras	ARK s of Facility		8-16				TOWN, MD
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State Registrar

the state of the s eligan y a ser etchia e come

1. Decedant's Nama (First, Middla, Last)

Physician

State of Maryland / Department of Health and Mental Hygiene O Certificate of Death

2. Data of Death

Month

3. Tima of Death

	Physici /Medic		Kenneth Francis Dare			Augu	st 12	1996 8:50 pm.
	Examir		4a. Facility Nama (If not institution, give street and number) SINAL HOSPITAL OF BALTIMOTE	,		4b. City, Town, or Location of D Bultimore City		of Death
	Funeral Director			(In yrs. last birthday)	if Undar 1 Yaar Months Days	If Undar 24 Hrs. 8. Data of Month	Birth (Day, Year) LO, 1924	9. Birthplaca (Stata or Foreign Country) Maryland
	Meryland H show	tor	10a. Stata 10b. County Maryland N/A	10c. City, Town or Loc Baltimore				10d. Inside City Limits □□ Yas 2□ No
	leeth with the Meryle ns 23a or 28a-f shor must be notified at	Direc	10e. Street and Number 3005 Glenmore Avenue		10f. Zip Code 21214		10g. Citizen of U.S.A.	What Country?
020	or item	by Funeral	11. Marital Status 1 □ Nevar Married 2 ☑ Married 3 □ Widowed 4 □ Divorced 12. Was Decedant E Armed Forces? 1 □ Vas 2 □ N If Yas, Giva Yaar or Datas	lo if	Vas Decedent of I Yas, specify Cub	Hispanic Origin? (Specify Yas o an, Maxican, Puarto Rican, atc. Specify:	No- 14. Rac Bia Specifi	ce - Amarican Indian, ck, Whita, atc. Y: White
Maryland 21215-0020		Completed	15. Decedant's Education (Specify only highast grada completed) Elamantary/Secondary (0-12) 7th Grade Collega (1-4or 5-	(Giva I	O NOT usa retire	during most of working	18b. Kind of B	usinass/Industry mpany
land ;	tal Hyg d other avant,	To Be C	17. Fathar's Nama (First, Middla, Last) James Palmer Dare, Sr.			18. Mothar's Nama (First, Mic Emily Dare Lak		na)
Baltimore, Mary	permit. Peges 1 and 2 should be Department of Health and Mental important: If item 27 is marked of any injury or other traumetic av once.		19a. Informant's Name/Raiationship (Type, Print) Theresa Mary Dare/Wife 20a. Mathod of Disposition 1 □ Burial 2 ☑ Cramation 3 □ Ramoval from Stata 4 □ Donation 5 □ Othar (Specify)	3005 (Glenmore sition (Nama of natory or other pla		ore, Mar 20c. Location	
Balti			21. Signature of Funaral Sarvice Licenses 23a. Parí1. Entar tha dispasa, or complications that are shock, or haart failura. List only ona cause on each in	22. JC 64	Nama and Address ohn C. M 115 Bela	ass of Facility iller, Inc. ir Road, Baltir	more, Mary	
٦	Physician /Medical Examiner		Immadiata Causa (Final disaasa or condition rasulting in daath)	Jamic hen	norrhag	ic infaret		
Box 68760,	The law requires that the deeth certificate be executed that been signed by the ettending physician and page 2 should be detached for use as the burlel-transit.	by Physician/Medical Examiner	Sequantially list conditions, if any, leading to immadiata causa. Entar Undartying Causa (Disaasa or injury c.	On (und (u) Dua to (or as a consequ	uance of):	on of midbro	un	12 hours
P.O.	s that the deeth cer ined by the ettendin e detached for use	y Physic	Part II. Other algorificant conditions contributing to death but Hypertension, congestive I		, , ,		Old tobacco use co	ontribute to the cause of death?
tal Records,	The law requires that sate has been signed to page 2 should be det	Completed b	lerebral vascular accident			24a. V	Vas an autopsy erformed?	24b. Wara autopsy findings available prior to completion of cause of death?
tal	an: The rtificate I stor, pag	e Co	25. Was casa rafarred to medical			28. Piaca of Death (Check o	☐ Yas 2⊠ No	1 ☐ Yas 2 ☐ No

Hospital or Attending Physician 24 hours after death.
Funeral Diractor: After this certilety filled in by the funeral director.

To

Certification:

Medical

1 Yas 2 No 27. Mannar of Death

5 Pending invastigation

6 Could not be datarmined

1 Naturai

3 ☐ Suicida

29a. Certifier

2 Accidant

4 - Homicida

29b. Signature and title of contrible

Division of V

State Registrar

12 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and placa, and dua to tha causa(s) and mannar as stated.

2 Medical Examinar: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and mannar stated.

Othar: 4 Nursing Homa 5 Rasidence 8 Othar (Specify)

28d. Dascribe how Injury occurred

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

29c. Licansa number 29d. Data signed (Month, Day, Year)

D17803 August 12, 1996

wife complated causa of death (Item 23a) (Type, Print) W. Belvedere

Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatiant 3 ☐ DOA

28b. Tima of Injury

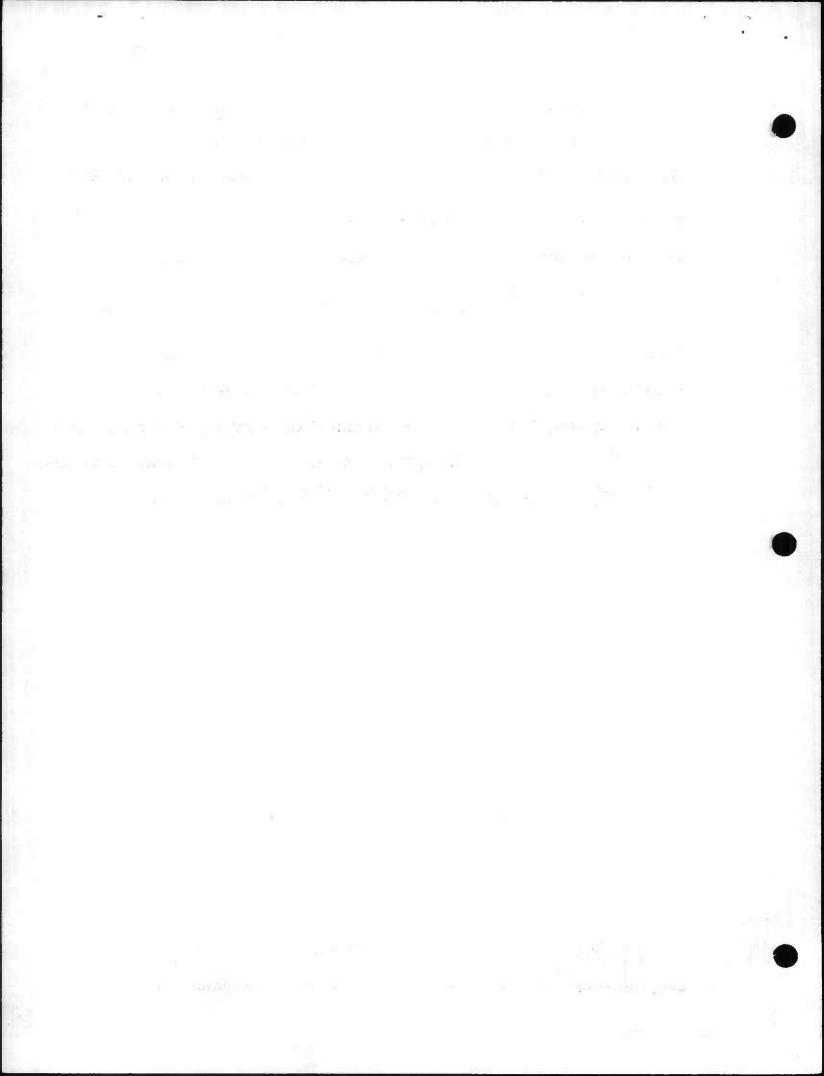
28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify)

28c. Injury at Work?

1 Yas 2 No

28a. Data of Injury (Month, Day Year)

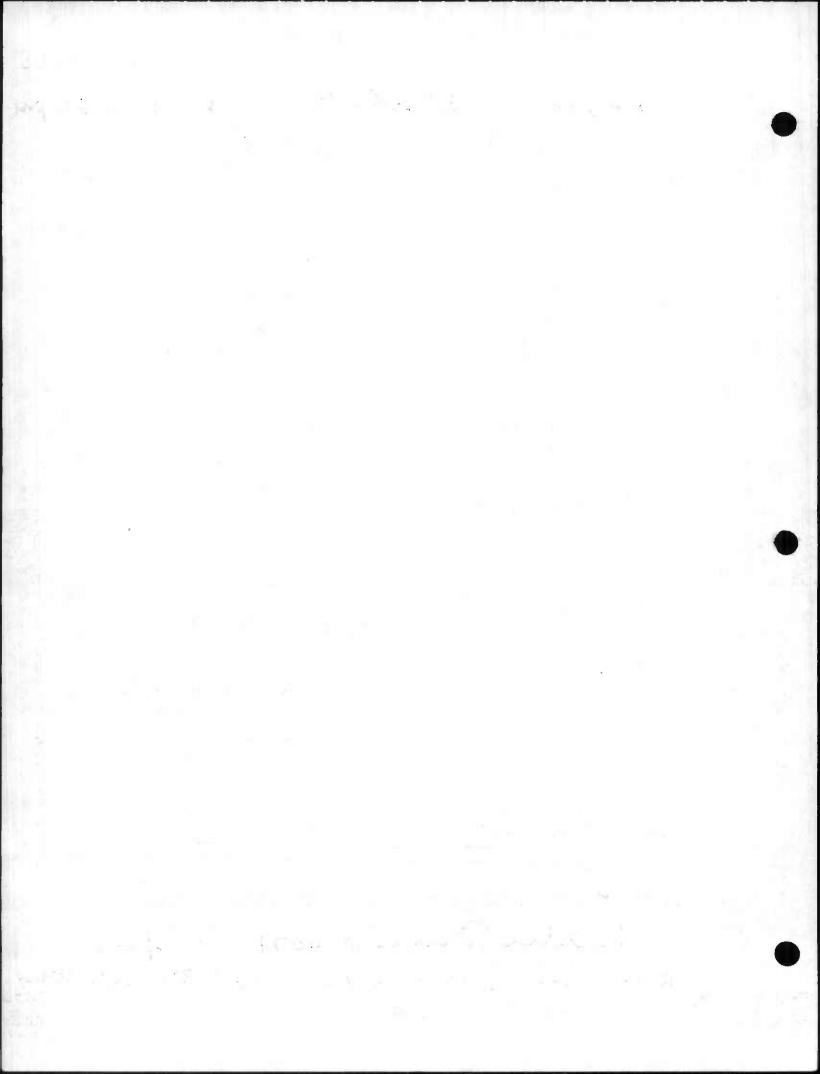
Baltimore, Maryland



State of Maryland / Department of Health and Mental Hygiene

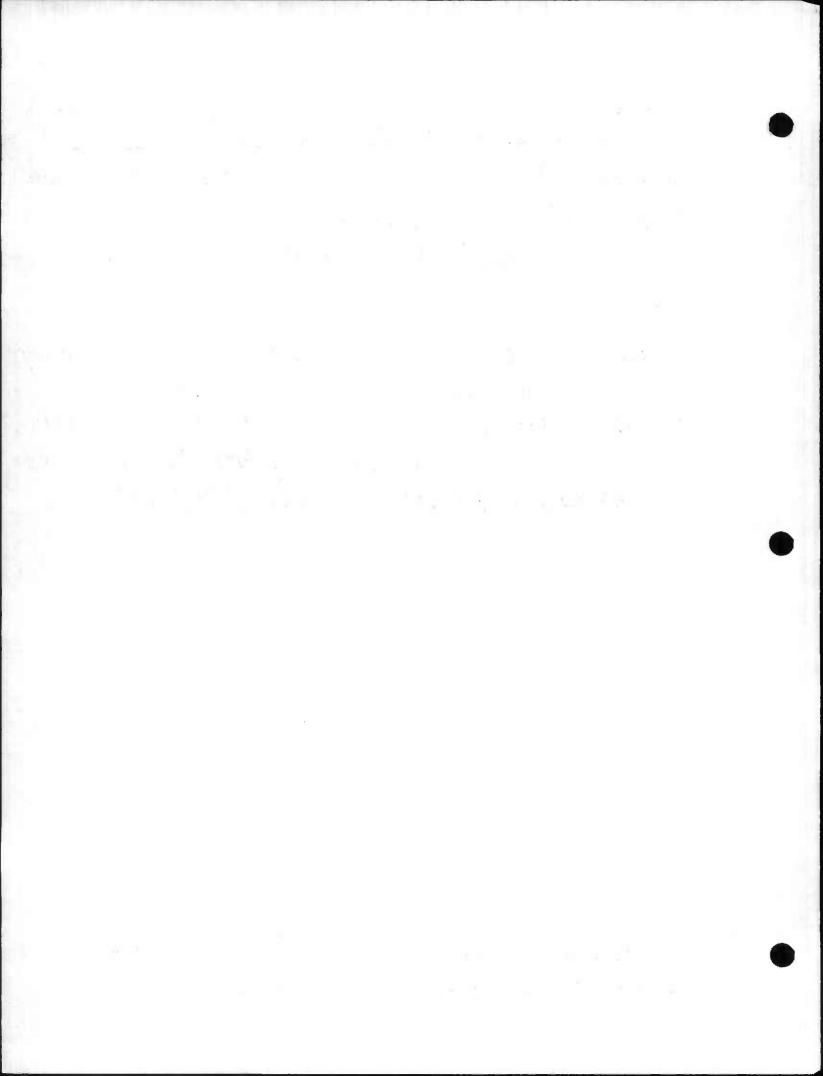
24208

					Cer	tificate of	f Death		Reg. No.		27200
	Physic	ian	Decedent's Name (First, Middle, Last)	ED	1.	ARI	10	2. Data of De Month	eath Day	Year	3. Time of Death
d	/Medi		CEA /HA		w	7/100			1	96	530 pm
и	Exami	ner	4a. Facility Name (If not institution, give street as				4b. City, Town, or L	ocation of Death		of Death	
ŀ	_		5. Social Security Number 6. Sex	HOSP) tul	idhdau	If Under 1 Yea	ar If Under 24 Hrs.	8. Date of Bir	NA	o Dia	
ı	Funeral Director		131-07-8210 1 M 25		Yrs.	Months Day		(Month, De	sy, Yeer)	9. Birthp	lace (State or Foreign try)
			Usual Residence of Decedent	0 /				1000 %	7, 1914		"N.C.
	yland		10a. State 10b. County	10c. City, To	wn or Loc	cation				11	0d. Inside City Limits
	Mar Mar	jo	Md NA	Ba 14	Limoi	re					1 Yes 2 No
	or 28	Director	10e. Street and Number			10f. Zip Code			10g. Citizen of V	Vhat Coun	try?
	23a	a C	2111 Braddish	Avenue		21	1216		4.5	A	
	dea	Funerai	11. Marital Stetus 12. Was	Decedent Ever in U.S. ed Forces?	13. W	Vas Decedent of	f Hispanic Origin? (Sp Jban, Mexican, Puerto	ecify Yes or No)- 14. Rec	e - Americ	
0	offe of the	F	1 Never Married 2 Married 1	Yes 2 XNo		☐ Yes 2 N		rioan, etc.		k, White,	4.
5-0020	s 1 and 2 should be filled within 72 hours efter death with the Maryland f Haalth and Mantai Hygiena. I have selected them 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examinating must be notified as	d by	3 Widowed 4 □ Divorced Yea	r or Dates:		2700	o opeany.		Specify	Da	ech
5	natu	Completed	15. Decedent's Education (Specify only highest grade complete and a complete and	eted)	Give k	ant's Usual Occ	upation se during most of work red)	ring	16b. Kind of Bu	isiness/Ind	lustry
2121	filed within Hygiena. ther than ont, ire Me	E E		aga (1-4or 5+)	11		red)		Home	0	
	ould be filed with Mantal Hygiena. arked other than affic event, tree		17. Father's Name (First, Middle, Last)		140	using	18. Mothar's Nam	o /Eiret Middle	110		
an	ntai od o	o Be	Joe Edwards				Sallie	Moor		9)	
Maryland	should nd Man marke umatic	F	19a. Informant's Name/Relationship (Type, Prin	10	h Mailin	Addrage (Ctea	et end Number or Rur			China Tin	Codal
Ma	d 2 sho th and 7 is me			ds-Son 3) / / /	D	11 1		2 ./ -	1	7 (3.1
e,	ges 1 end t of Haalth if Item 27 or other tr		20a. Method of Disposition	20b. Place	of Dispos	ition (Nama of		Date C	20c. Location -		wn State
no			1 Burial 2 Cremetion 3 Removal	from State	ery, crem	etory or other pi	,		1		
altimore,	permit. Pag Depertment Important: any Injury once.		4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee	W000	LI W	Name end Add		76-96	Datin	ore	Mo
Ba	permit. Page Depertment of Important: If any Injury or once.		0 4 0 0		t	and F	. H. West			2	
	_	_	23a. Pert1. Enter the disease, or complications	Dane J			4300			. Ica	the relais
	Dhualalan	ļ,	shock, or heert feilure. List only one cause	on each line.	HOL BING	i the mode or o	ying, such as cerdiac	or raspiratory a	rrest,	-	Approximata Interval Between Onset and Deeth
)	Physician /Medical		Immediate Ceuse (Final	015.00	. 4 . 5	121					
	Examiner		disease or condition rasulting in daath) a.			MIA	1				
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	certificate be axecuted iding physician and ise es the burial-transit	Examiner	Sequentially list conditions.	Dua to (or as a	consequ	ience of):	7 7 0				
0	e axe		Sequentially list conditions, if any, leading to immediate cause. Enter Undartying Causa (Disaasa or Injury c.	UNCON	17	ROLL	FA	DIAZ	BETE	<	
09289	hysic the b	//Medical	that initiated events resulting in death) Last	Due to (or as a							
	5 0 0	Me									
Box	ath or u	an									
o.	the de	Physiciar	Part II. Other significant conditione contributing	to death but not resulting	in the un	derlying ceuse g	given in Part I.	23b. Dld 1	tobacco usa con	tribute to	the cause of death?
Δ.	thet the de ed by the e detached t							10	Yes 200 No	3 Prob	ably 4 Unknown
of Vital Records,	8 5 8	d by						0.4 - 101		Odb Ma	en autonou fin dinas
Ö	been si should	etec						24a. was perfo	an autopsy med?	ava	re autopsy findings tilable prior to appletion of cause
360	S & S	Completed							/	of c	jeath?
al F	E # 9				_			101	Yes 2 Do	1 🗆	Yes 200 No
<u> </u>	Physician: The this certificate rail director, pe	o Be	25. Was casa raferred to medical examiner? Hospital:			0	26. Place of Deat				
of	Phys this rai di	-	To res 200 No	1 Prinpatient 2 ER/O Data of Injury 28b.	utpatient Time of	3LI DOA	4 U Nursing Ho		dence 6 Other)
on	ding F After After funer	tion			Injury	28c. Inju	ork? ☐ Yes 2 ☐ No	ZOG. DESCRIBE I	,	eu	
Division	or Attending after deeth. Director: After	ertification:	3 Sulcide 6 Could not be	Place of Injury - At home, for	arm. strae			28f. Location (5	Street and Numbe	er or Rural	Route Number.
á	after Direct of in b	ent	4 Homicide	ouilding, etc. (Spacify)			_	City or Tov			
	Hospital 24 hours Funeral stely filled	ai C	29a. Cartifiar 1 Certifying Physician: T	tha best of my knowledge	a, daath	occurred at the t	tima, data and place,	and due to the	cause(s) and mai	nner as sta	ated.
	To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by	edicai	(Check only 2 Medical Examiner: On to one) end	he basis of examination ar manner stated.	nd/or Inve	estigation, in my	oplnion, death occurr	ed at tha tima,	date and place, a	ind dua to	tha cause(s)
	To the Within 2 To the comple	Σ	29b. Signeture and title of certifier		- 1	29c. Licer	nse number		29d. Date signed	(Month, E	Dey, Year)
	1			~co~		~ DJ	9071		8/1	4/96	>
	V		30. Name and address of person who completed				\ 0 = "	205	000		& MAYIN
	0		R. KRISHNAN, 1		V. E	UTAL	J ST #	303	1341011	MWN	+ 100 Hig
	Sta		31. Date filed (Month, Dey, Year)	2. Registrar's Signature	met. 90						
	Registr	al	AUG1 5 1996	a la company							



Fil	m G738 i	tem	1,5, per FH 8-15-96	rja	Certificate			eg. No.	0 24	203
	Physic /Medi		Decedent's Name (First, Middle, La WILSON EDWARDS J	r			2. Date of Deat Month 8 /		Year	ime of Death
	Exami		4a. Facility Nama (If not institution, give	e street and number FT HO	WARD MD	4b. City, Town, or	Location of Death	4c. County	of Death	
	Funerai Director		5. Spoial Security Number 6. S	T CENTER	21052 (asf birthday) If Undar 1 Y	FT. HOW aar If Under 24 Hrs ays Hours Min	8. Date of Birth	Year)	9. Birthplace (Country) NORTH CA	State or Foreig
5-0020	filed within 72 hours after death with the Meryland Hygiene. ther than "natural", or ferma 23a or 28a-f show int, the Medical Examiner must be notified at	eted by Funeral Director	10a. State 10b. County 10c. Street and Number 2 2 Married 3 Widowed 4 Divorced 15. Decedent's E. (Specify only highest gra	12. Was Decedant Evar in U, Amed Forces? 1 N Yes 2 No If Yes, Give Year or Dates:	1 ☐ Yes 2 €	of Hispanic Origin? (5 Cuban, Mexicen, Puer No Specify:	Specify Yas or No- to Ricen, atc.)	Specify	What Country? A a - Amarican Indo ck, White, atc.	ide City Limits Yas 2 □ No
Maryland 21215-0020	S a b s	To Be Completed	Elementary/Secondary (0-12) 17. Father's Name (First, Middle, Last	dwards	Lands Sr.	caper	me (First, Middle, M	Law Maiden Suman MON	n Con	npany
Baltimore, Man	permit. Peges 1 and 2 should Department of Health and Mer Important: If flem 27 is marke any Injury or other traumatic 900cs.		19a. Informent's Neme/Relationship (N S C E C 20a. Method of Disposition 1 □ Burial 2 □ Cremation 3 □ 4 □ Donetion 5 □ Other (Specification of Fundal Service Life)	Wards Placemoval from State 20b. Placemo	19b. Mailing Address (St. 2121 N. Du. lace of Disposition (Name of St. 122). Name and Al. 1058 P. h.	Keland Forest	St. B	alto.	Stete, Zip Code, Md, 2 City or Town, Si S Mill Ome	1216
	Physician /Medical Examiner		23a. Part / Enter the disease, or com shoot or hear fail ve. List only Immediate Cause (Final disease or condition resulting in death)	• CANCER OF L	UNG WITH BON				Interv	eximate vai Between t and Death
Box 68760,	eath certificate be executed ettending physician and for use as the burlal-transit	n/Medical Examiner	Sequentially list conditions, if any, leading to immediate ceusa. Entar Underlying Cause (Diseasa or injury that initiated events resulting in death) Last	c	as a consequence of):					
P.O.	the d	by Physician/N	Part II. Other significant conditions of			e given in Pert I.	23b. Did to		ntribute to the c	ause of death
Vital Records,	has b	Completed by	PEPTIC_ULCER_DI	SEASE MITTERIEN	STON		24e. Was a perform	ned?	of death?	prior to on of causa
a	iclan: The licerificate he rector, page	e Co	25 Was seen referred to medical				1 \(\text{Y} \)		1 🗆 Yas	2□ No
5		0	25. Was casa referred to medicel examiner? 1 ☐ Yes 2 😿 No	Hospital: 1 Inpatient 2 □ I	ER/Outpatient 3 DOA	Other	ath (Check only on fome 5 ☐ Reside		er (Specify)	
Division of	After fune	Certification: T	27. Menner of Death 1 Mentural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not b	28a. Date of injury (Month, Day Year)	28b. Time of 28c.	Injury at Work? 1 Yes 2 No	28d. Describe ho	ow injury occur	red	a Number
Ο̈́		Cert	4 Homicide determined	building, etc. (Specify			City or Towr	n, State)		
	To the Hospital or within 24 hours effet or To the Funeral Dir completely filled in	Aedical	one) 2 Medical Exam	yaician: To the best of my knowninar: On the basis of examination and manner steted.	ion and/or investigation, in r	ny opinion, daath occu	irred at the time, de	ata and place,	and due to the c	
	D With	Σ	29b. Signatura and title of certifier	C. Tay, L	1-Q. D	1495 8	2	9d. Data signe 8/12	d (Month, Day, Y	(ear)
U	1 '		30. Name and address of person who DR . AURORA TAN	completed ceuse of death (Item		WARD MD 21	052			

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Edlovitch Month Louis 1996 01:25 PM August 10 4b. City, Town, or Location of Death 4a. Facility Neme (If not institution, give street end number) 4c. County of Deeth Gaithersburg
If Under 24 Hrs. 8. Dete of Birth
Hours Min. (Month, Day, Year) Mediplex of Montgomery Village Montgomery

9. Birthpiece (State or Foreign Country) If Under 1 Year Months Days Age (In yrs. lest birthday) Days 1⊠M 2□ F Yrs Washington, DC 578-09-8630 76 Oct. 1, 1919 Usuel Residence of Decedent 10c. City, Town or Location 10b. County 10d. inside City Limits 1⊠ Yes 2 No Maryland Montgomery Gaithersburg 10e. Street and Number 10f. Zin Code 10g. Citizen of Whet Country? 430 Bostwick Lane 20878 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indian, Bieck, White, etc. 11. Maritei Stetus 1 XXes 2 □ No If Yes, Give Yeer or Detes: WWII 1 ☐ Never Merried 2K Merried 1 ☐ Yes 2 ☒ No Specify: 3 Widowed 4 Divorced White 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Henry J. Kaufman Eiementery/Secondery (0-12) Coilege (1-4or 5+) 2 Years Advertising Agency Accountant 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Joseph Edlovitch Mary (Unknown) 19e. informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)

20b. Place of Disposition (Name of cametery, cremetery or other place) 8/12/1996

Judean Memorial Gardens

430 Bostwick Lane, Gaithersburg, MD 20878

Dete 20c. Location - City or Town, Stete

STEIN "HEBREW MEMORIAL FUNERAL HOME. INC. 232 CARROLL STREET, NW, WASHINGTON, DC

28. Piece of Deeth (Check only one)

Other: 4 Nursing Home 5 Residence 8 Other (Specify)

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If Nem 27 is marked other than "natural", or Nems 23a or 28a-f show any fujury or other traumatic event, the Medical Examiner must be notified at 2018. Baltimore, Maryland 21215-0020

Physician

/Medical

Examiner

10a. Stete

Directo

Funeral

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Completed

Be

2

Funeral

Director

physician and the burial-transit 88 USB signed by the a d be detached f page 2

Physician/Medical

ð

Completed

Be

Certification: To

edical

29e. Certifier

requires that the death certificate be axecuted

Vital Records, P.O. Box 68760, partificata has after deal Dissector: à. A 24 hb. Funeral To the within 2

Physician /Medical Examiner Examiner

Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initieted events resulting in deeth) Lest

Immediate Cause (Final disease or condition resulting in death)

20e. Method of Disposition

Beatrice E. Edlovitch, Wife

1 Buriei 2 ☐ Cremetion 3 ☐ Removei from State

4 ☐ Donetion 5 ☐ Other (Specify)

21. Signeture of Funerel Service Licensee

Due to (or es a consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

Kottlemyer

23a. Pert1. Enter the disease, or complications thet caused ye deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart feiture. List only one cause on each lime.

1) e hydration

Due to (or es e consequence of)

1 inpatient 2 ER/Outpatient 3 DOA

28e. Piece of injury - At home, ferm, street, fectory, office building, etc. (Specify)

28b. Time of

Cancer

25. Was case referred to medical examiner? 1 Yes 2 No 27. Menner of Deeth

1 Neturai 5 Pending investigation 2 Accident 8 Could not be determined 3 Suicide 4 Homicide

(Check only one) 2 Madical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner stated. 29b. Signeture end title of certifier

ens wo

28a. Dete of Injury (Month, Dey Year)

28c. Injury et Work?

Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the ceuse(s) and manner as steted.

1 Tyes 2 No

29d. Dete signed (Month, Day, Year)

30. Name and address of pereon who completed cause of deeth (Item 23e) (Type, Print) KANAN

Hospitei:

mo HUDHUD

32. Registrar's Signeture

Subsidiary Randolf

Registrar

31. Dete filed (Month, Dey, Year)

Approximate Interval Between Onset end Death

20012

Months

Olney, Maryland

23b. Did tobacco use contribute to the cause of death?

1 Yes 2 No

28d. Describe how injury occurred

1 Yes 2 No 3 Probably 4 nonknown 24a. Wes en autopsy performed?

24b. Were eutopsy findings available prior to completion of cause of death?

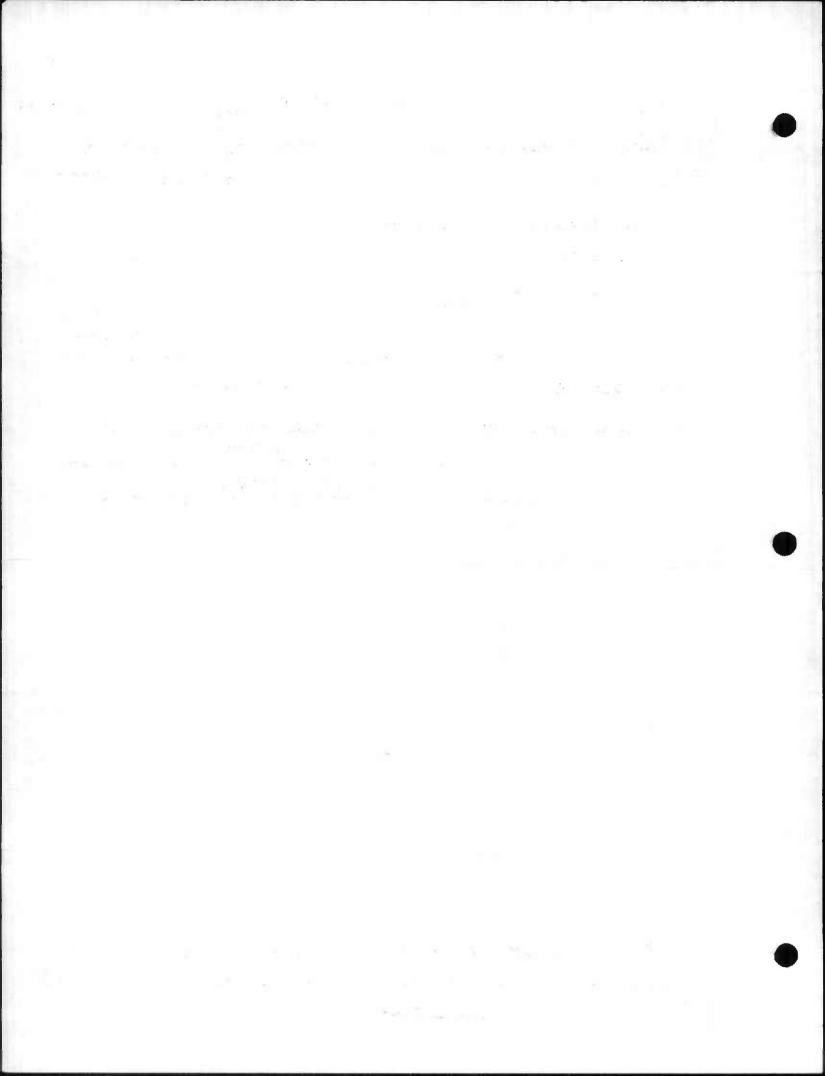
1 Yes 2010

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

August 10, 1996

481 N. FREDERICK TUE, 230, GAITHERSBURG, MD

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

Film	G738	item	14	per	FH	8-15-96	rja

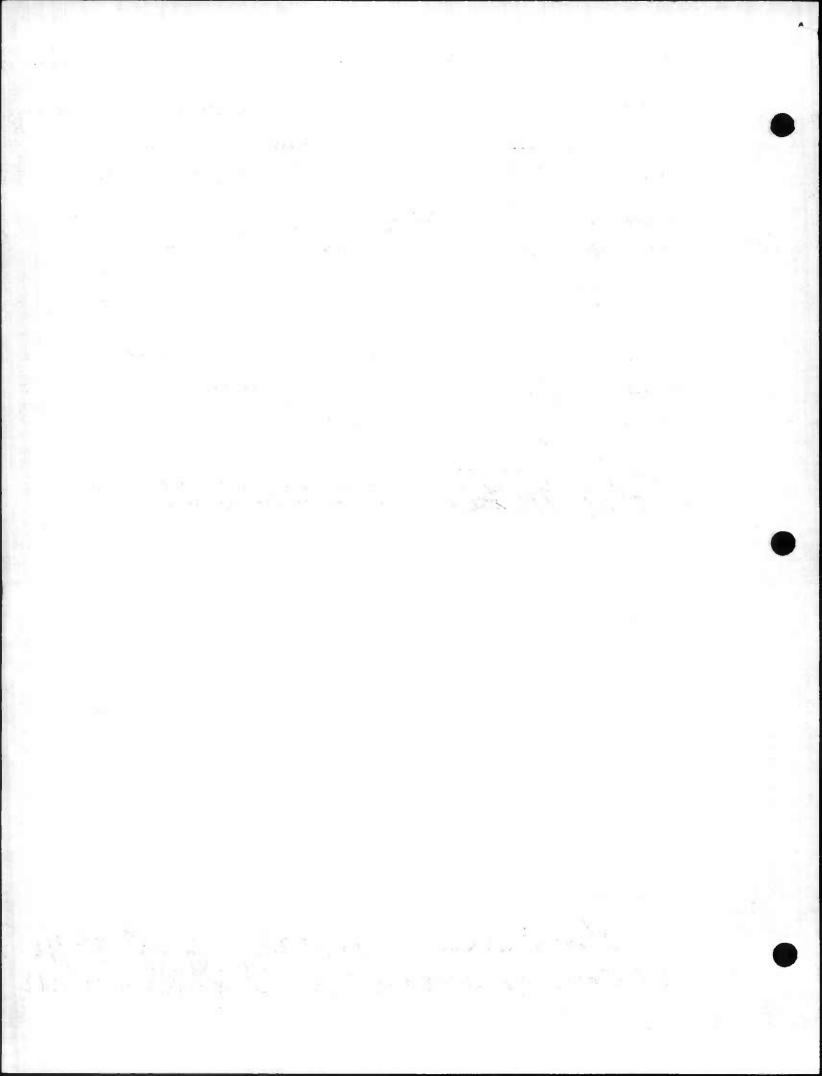
Certificate of Death

24211

-		_				00/1	modito of	Doutin		Reg. No.		
ľ	Physic		DEREK STEPHE	3.7	- CALLED				2. Date of De Month	Day	Yeer	I. Time of Deeth
ı	/Medi Examii		4e. Facility Name (If not institution, gire	ve street and number)	EMERY	<u>(</u>		4b. City, Town, or		h 4c. County	1996 of Death	9:44 PM
1			UNION MEMORI	AL HOSPIT	I'AL			BALTI	MORE	N/A		
	Funeral Director			Sex 7. Age (1 1⊠ M 2□ F 3	in yrs. last t	birthday) Yrs.	if Under 1 Year Months Deys			th Year) 1992	9. Birthplace Country) Mary 1	e (State or Foreign and
	D.		Usual Residence of Decedent									
	show	_	Maryland Baltimo		oc. City, To Parkv:		ation					Inside City Limits
	Ba-f	cto	raryraid barthio	re county .	raikv.	TITE						1 ☐ Yes 2 🔀 No
	15 th	Director	10e. Street and Number				10f. Zip Code			10g. Citizen of \	What Country?	7
	th w 23a	<u>a</u>	64 Comet Court				21234		U.S.A.			
	r dea	Funeral	11. Maritel Status	12. Was Decedent Eve Armed Forces?	er in U,S.	13. W	as Decedent of Yes, specify Cul	Hispenic Origin? (5 ban, Mexican, Puer	Specify Yes or No	- 14. Rec	e - American I	Indian,
21215-0020	s 1 and 2 should be filed within 72 hours after death with the Marylend Health and Mental Hygiene. Health and Mental Hygiene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Exaciter must be notified at		1 Never Married 2 Married 3 Widowed 4 Divorced	1 ☐ Yes 2 No If Yes, Give Yeer or Dates:			☐ Yes 2☐No			Specify		≥ Black
Ö	2 hou	Completed by	15. Decedent's E	ducation	16	a. Decede	ent's Usuai Occu	petion		16b. Kind of B	usiness/Indust	
215	Z uid	pie	(Specify only highest grant (0-12)	ade completed) College (1-4or 5+)		(Give k	ind of work done O NOT use retire	during most of wo	rking			
21	d within giena. r than "	EO	O Charlety/Secondary (0-12)	College (1-401 5+)	N,	/A				N/A		
	should be filed nd Mental Hygi marked other amatic event, to	Be	17. Fether's Name (First, Middle, Last)				18. Mother's Na	me (First, Middle	, Maiden Suman	ne)	
lar	Mental Merital arked o	TOE	Robert Frederick	Emery				Lorraine	e Patric	ia Faiso	on	
Maryland	2 short and h		19a. Informant's Name/Relationship	Type, Print)	19	9b. Mailing	Address (Stree	et and Number or R	ural Route Numb	er, City or Town,	State, Zip Co.	de)
	1 and 2 Health a em 27 is		Lorraine Patricia	Faison/Mot	her 64	4 Con	et Cour	t, Baltir	more, Ma	ryland 2	21234	
Baltimore,	of He Item		20a. Method of Disposition		20b. Piace	of Disposi	ition (Name of atory or other pla	ana)	Date	20c. Location -	City or Town,	State
E	Pages nent of any or o		Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Special				Cemeter	y	3/12/96	Baltim	ore, Ma	ryland
			21. Signature of Funeral Service Lice			22.	Name and Addr	ess of Facility		_		-
ã	permit. Departs Imports any inju		Att. m	BI		Joh	n C. Mi	ller, Inc	· .			
			220 Part Fotor His disease or form		e death. De	641	5 Belai	r Road, I	Baltimor	e, Mary		The second second
			23a. Part1. Enler the disease, or som shock, or heart failure. List only	one cause on each line.	o doain. De	o not enter	the mode of dy	ing, such as cardia	c or respiretory e	11051,	Inte	proximete erval Between eset end Deeth
	Physician /Medical		Immediate Cause (Final									
	Examiner		disease or condition resulting In death)	e. Dro	owni	ng						
		-		Du	e to (or as	e consequ	ence of):					
	ted nsit	Examiner		b								
	al-tra	Xai	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	Du	e to (or as a	a consequ	enca of):				į	
Box 68760,	siciar buri		Cause (Disease or Injury that initiated events	C							1	
28	phy:	palpa	resulting in death) Last	Due	e to (or as a	conseque	enca of):				l l	
×	The law requires that the death certificate be axecuted tte has been signed by the attending physician and page 2 should be deteched for use es the bunal-transit	an/Medical		d								
m	attar	ciar							-			
o	as thet the death igned by the atta be detached for	Physici	Part II. Other significant conditions of	ontributing to death but n	ot resulting	in the unc	derlying cause gi	iven in Part I.				cause of death?
<u>a</u>	thet i	4							1 🗆	Yes 2⊠ No	3 Probabl	y 4 Unknown
d's	sign d be	d by							04- 141	ha autono.	24h Ware	autopsy findings
Ö	v require been si should	eter								an autopsy ormed?	availat	ole prior to etion of cause
Sec	law hest e 2 s	Idu									of deel	
<u></u>		Completed							1図	Yes 2□No	1⊠Ye	s 2 No
Division of Vital Records, P.O.	delan: The certificate rector, pag	Be	25. Was case referred to medical examiner?						ath (Check only o	one)		
5	Attending Physician: or deeth. ector: After this certific by the funeral director,	၉	14 Yes 2 No	Hospital: 1 Inpatient		Outpatient	3LI DON		lome 5 Resi	denca 6 □Oth	er (Specify)	
Ę	fler t	Certification:	27. Manner of Death 1 ☐ Netural 5 ☐ Pending	28a. Date of Injury (Month, Day Ye	28b.	Time of Injury	28c. Inju	iry at ork?	28d. Describe	how Injury occur	red	
200	endi eeth. or: A	Cati	2 Accident Investigation	0 0 10	a	039	M 1	Yes 2,⊠No	Subject	was in	Pool	
<u>≅</u>	or Att efter d Direct J in by	=	3 ☐ Suicide 6 ☐ Could not be determined	28e. Piaca of Injury building, etc. (5	- At home, f	farm, stree	et, factory, office		28f. Location (: City or Tox	Street and Numb	er or Rural Ro	oute Number,
٥	1000	O		Hon					Baltino		Many	
	TO TO	Cal	29a. Certifier 1 Certifying Ph	ysician: To the best of m	y knowledg	ge, deeth o	occurred at the ti	me, date and plece	, and due to the	cause(s) and me	nner as stated	d.
1	DE LA	Medical	one)	end manner stated	l.	11/0/01 11146	stigation, in my	opinion, destinocco	inted at the time,	date and place,	and due to me	cause(s)
	MI PO	2	29b. Signature and title of cartifier	. \ \			29c. Licen			29d. Date signed		
-	1		Donald A	Wright 1	עוי		0	.C.M.E.		AUGUST	1 09,	1996
	4		30. Neme and address of person who	completed cause of death								
			DONALD G. WRI	GHT MD	111	Pen	n Stre	et, Bal	timore	, Mary	land 2	21201
	Sta	te	31. Date filed (Month, Day, Year)	32. Registrer's	Signature	20.1	00 :					
	Registr	ar	AUG1 519	396 0	~1000N-	Masters						

State of Maryland / Department of Health and Mental Hygiene 96 24212

						C	ertificate o	f Death			Reg. No.			
	D 111		1. Decedent's Neme (First, Middle,	Last)						2. Date of Dec Month	ath Dey	Year	3. Time of	Death
	Physic /Medi		Joseph			Farnun	1			August		1996	15:20	p.m.
	Examir		4e. Facility Name (If not Institution, g	give street and nu	m <i>ber)</i>			4b. City, To	wn, or Lo	cation of Death	4c. Cour	nty of Deeth		
			1027 Cathedral S	treet-#8	E			Balti	more		no	ne		
	Funeral		Sociel Security Number 6	. Sex	7. Age (in y	rs. last birthda	y) If Under 1 Yes		24 Hrs. Min.	8. Date of Birt (Month, Da	h v. Year)	9. Birth	place (State o	r Foreign
	Director		unknown	1⊠M 2□F	83	Yrs.	Monato Boy	110010		July 27	,1913	unkn		
	pg &		Usuei Residence of Decedent 10a. Stete 10b. County		100	City, Town or	Location						10d Incide Oi	to discussion
	e Maryis	ctor	Maryland none		100.	Balti							10d. Inside Cit	
	d within 72 hours after death with the Maryland ilene. Then "natural", or itema 23a or 28a-f show the Medical Examiner rest be notified at	ai Director	10e. Street and Number 1027 Cathedral S	itreet -#	8E		10f. Zip Code 2 1 2				10g. Citizen o	f What Cou A .	ntry?	
	dep -	Funeral	11. Meritel Stetus	12. Wes Dece	edent Ever in	U,S. 13	Wes Decedent o	f Hispenic Ori	igin? (Spe	city Yes or No-	14. R	ace - Ameri leck, White,		
Maryland 21215-0020	ours after ai', or it	by	1 ☐ Never Merried 2 ☐ Merried 3 ☐ Widowed 4 ☐ Divorced		2 No		1□Yes 20XN			. 1102111 01017	Spec		ack	
5-0	72 ho	Completed	15. Decedent's (Specify only highest p	Education		18e. Dec	edent's Usuel Occ re kind of work dor DO NOT use reti	cupation	et of worki	na	16b. Kind of	Business/Ir	idustry	
7	C 2	npie	Elementery/Secondery (0-12)	College (1-4or 5+)	life	DO NOT use reti	ired)	I OF WORK	ng				
2	w be the	Co	unknown	unknown	l	unk	rown				unkno			
Pu	and Mental Hyglene. s marked other than aumatic event, the M	Be	17. Fether's Neme (First, Middle, La	st)				18. Mothe		(First, Middle,	Maiden Sum	ame)		
Z	Men Men mrke	To	unknown							nknown				
	P S S		19e. Informent's Neme/Reletionship unknown	(Type, Print)		19b. Me	lling Address (Stre unknown		er or Rura	ıl Route Numbe	er, City or Tow	n, State, Zij	p Code)	
Baltimore	80 = 8		20a. Method of Disposition 1 Buriel 2 Cremetion 3 4 Donetion 5 XOther (Special Control of Control	(n □Removel from	State	. Plece of Dis cemetery, cr	position (Name of rematory or other p	place)		Dete	20c. Location	1 - City or T	own, Stete	
Balti	permit. Pa Departmen Important: any injury 905a.		21. Signature of Funeral Service Lin Ronal	oosee	e, Dir	ı. S	22. Name end Add	tress of Fecili Comy B	oard-	-655 W.	Balti	more:	Street	
		1	23s Part 1 Enter the dispass of co	mplications that o	all the de	Boots Do not a	altimore	, Mary	land	21201	-1559	,	A de	
	Physician /Medical		23a Fart1. Enter the disease, or conhock, or heert feilure. List on	ly one ceuse on e	ech line.					A -A	1051,	0	Approximate Interval Betwonset and D	ween
	Examiner		diseese or condition resulting in deeth)	0		mo.2	orein	owe	9	2 su	moe	n	6 Bu	mill
		e.	DAVESTIN SERVICE		Due to	(or es e cons	equence of):		(
	beton d ansit	Examiner		b	Duran							<u> </u>		
, 0,	e exection and unial-tra		Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury		Due to	(or es e cons	equence or):					1		
68760,	certificate be executed iding physician and ise as the burial-transit	/Medical	that initiated events resulting in deeth) Last	C	Due to	(or es e cons	equence of):					1	3	
OX				d								i		
.B	death	sici	Pert II. Other significant conditions	contributing to de	eath but not r	esulting in the	underlying cause	given in Part I	l,	23b. Dld 1	obacco use o	ontribute	to the cause o	of death?
, P.O	requires that the death	by Physician								10	Yss 2□ No	3 Pro	obably 4 191	Unknown
Records,	v requires been sig should by	ted b								24a. Was perfo	an autopsy med?	81	Vere autopsy fi vellable prior to	0
Rec	2 S S	Completed	1									of	ompletion of co f death?	
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d Part ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i.							1 Yes 2 No 3 Prob		
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	Fi1	m G	3738 item 20a per AB	8-15-96 rja	,	Cer	tificate	of	Death	,	Reg. No.		hou I	Son I I
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	/Medi Examir		4e. Fecility Neme (If not institution, g	give street and number)		_			b. City, Town, or I				1 .	
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	range Man		10a. Stete 10b. County	1	10c. City, To	own or Lo	cation					1	10d. Insi	de City Limits
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	ar di	Funeral	11. Meritel Stetus	Armed Forces?		13. 1	Yes, specify	Cuba	Ispenic Origin? (S an, Mexican, Puert	o Rican, etc.)	Blee	ck, White,		M11,
020	gas 1 and 2 should be filed within 72 hours after death with the Maryland not Health and Mental Hygiene. If item 27 is merked other than "natural", or flems 23s or 28s-1 show or other traumatic event, the Medical Examiner must be notified at	by	1 Never Merried 2 Merried 3 Widowed 4 Divorced	1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes:		1	I□Yes 2🖔	No	Specify:		Specify	Wh:	ite	
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~	law requiras that the death certificate be axecuted ass been signed by the attending physician and a 2 should be datached for use as the burial-transit	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury	Di	ue to (or es	e conseq	derice or).					1		
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9	require been si should b	Completed	Progressive Mult	ifocal Leuko	odysti	cophy					an autopsy rmed?	av	alleble p	opsy findings orior to n of cause
ec	has b	pld											deeth?	1 Of Gause
	CO L	NO.	Glucose 6- Phosp	hate Dehydro	ogenas	se De	ficien	су		101	Yes 2₺ No	1[Yes	2□ No
ita	ician: The	Be (25. Wes case referred to medical		0				26. Plece of Dee	th (Check only o	me)			
of Vital	Physician: this centificant director,	To	examiner? 1 ☐ Yes 2 ☒ No	Hospitel: 1 Inpatient	2 ERV	Outpetlen	t 3 DOA	Oth	er: 4 🗆 Nursing H	ome 5 🗆 Reel	dence 6 Oth	er (Specil	fv)	
	£ E =		27. Menner of Deeth	28e. Dete of Injury (Month, Dey)		b. Time of		tnjun	y at	28d. Describe	how Injury occur	red	-	
0	a fun	tio	1 ☑ Neturel 5 ☐ Pending 2 ☐ Accident Investigat		ear)	Injury	М		Yes 2 □ No					
Division	Attending ir death. ector: Afta by the fune	fle	3 ☐ Sulcide 6 ☐ Could not	A 286. PIECE OF INJURY	- At home	, ferm, stre	eet, fectory, of	ffice			Street end Numb	per or Rure	el Route	Number,
ă		Certification:	4 Homicide	building, etc.	(Specify)					City or To	vn, Stete)			
	To the Hospital of within 24 hours at To the Funeral DI complately filled in		29e. Certifier 1☑ Certifying I	Physician: To the best of	my knowled	lge, death	occurred at t	he tin	ne, dete end place	end due to the	cause(s) and ma	anner as =	tated	
	Horizat h	edical	(Check only 2 Medical Expone)	aminer: On the basis of ex end menner stete	xaminetlon	and/or Inv	estigetion, in	my o	pinion, deeth occu	rred et the time,	dete end plece,	end due to	o the car	use(s)
	To the within 2 To the compla	Me	29b. Signeture and title of certifier	VOPO _			29c, L	icens	e number		29d. Dete signe	d (Month,	Day, Ye	ar)
	⊢ ≯ ⊢ ö		Hand	1			-		0.07		8/01	9		
			N-7 for	N) [897		0/0/	(6		-
			30. Name and address of person who Dr. Howard Farri					υ~	Raltim	are Mas	vland 2	1227		
							quare	חנ	. Daitimo	ore, Hal	y Land Z	1431		
	Sta		31. Dete filed (Month, Dey, Year) AUS 1 5 1996	2 32- Registrer's	- Janas	22								
	Registr	ai	400T 0 1220	0										

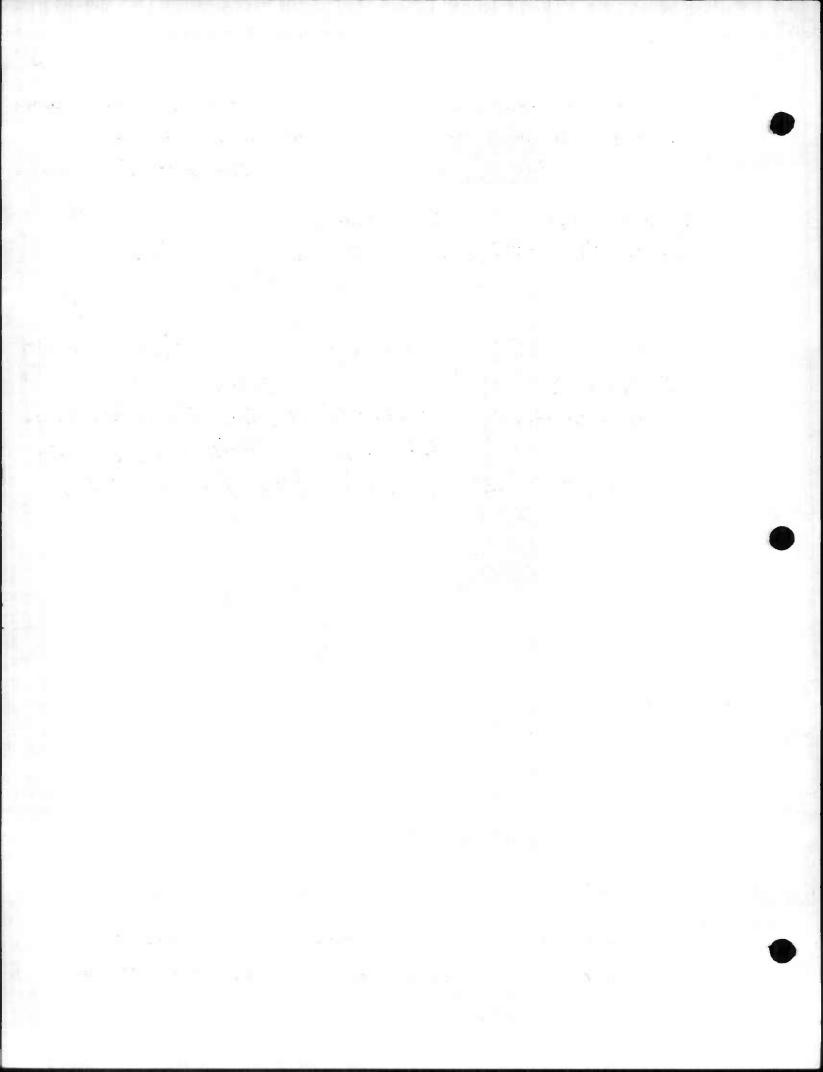
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Tima of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death Month **Physician** William Grady 11:50AM D. 8 96 /Medical 4a. Facility Nama (If not institution, giva street and number, 4b. City, Town, or Location of Death 4c. County of Death Examiner University of Maryland Hospital Baltimore Baltimore Hours Min. B. Data of Birth Month, Day, Year June 29, 1960 North Carolin 5. Social Security Number If Undar 1 Yaar 7. Aga (In vrs. last birthday) **Funeral** 12-84-3034 10 M 2□F Days Months Director Carolina Usual Rasidance of Decedant the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. tnside City Limits if item 27 is marked other than "natural", or itema 23a or 28a-f show or other traumatic sysrif, the Medical Examinal must be notified at Maryland 1 Yas 2 No Director more 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21216 Funeral deeth 12. Was Decedant Ever In U.S. Armed Forces? 1 | Yas 2 19 No If Yas, Giva / Yaar or Datas: Was Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14 Bace - Amarican Indian 11. Marltai Status Black, Whita, atc. filed within 72 hours after 1 Navar Married 2 Married 1 ☐ Yas 2 No Baltimore, Maryland 21215-0020 Specify: 2 3 ☐ Widowed 4 ☐ Divorced ear Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO IPOT usa retired) 16b. Kind of Business/Industr permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If item 27 is marked other than any injury or other traumatic avent Elamantary/Secondary (0-12) Coffaga (1-4or 5+) bore 17. Fathar's Nama (First, Middia, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama Be llam ena 18 n. informant's Name/Ralationship (Typa, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, Md. 21216 Or 20b. Place of Disposition (Nama of congery, cramatory or other place) arad 20a. Mathod of Disposition

1 Burial 2 Cramation 3 Ramoval from State 20c. Location - City or Town, State sdowne, 4 Donation 5 Dothar (Specify) 22. Nama and Addrass of Facility 21. Signature of Funeral Service/Licensa. Joseph W. North Ave. ter the disease, or complications that ceused tha death. Do not antar tha mode of dying, such as cardiac or respiratory arrest, heart failure. List only one cause on each line. Approximete Interval Batween Onset and Death **Physician** /Medical immediata Causa (Final Sepsis disaasa or condition rasulting in death) Examiner Dua to (or as a consequance of): Immunodeficiency Syndrome Acquired ohysician and the burial-transit Sequentially list conditions, if any, leading to immadiata causa. Entar Undarlying Cause (Disaasa or Injury that initiated avants rasulting in daath) Last Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68760. ettending physician Physician/Medical Dua to (or as a consequance of) USB as Part ii. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part t. 23b. Dtd tobacco use contribute to the cause of death? been signed by should be detac 1 Yes 2 No 3 Probably & Unknown by 24b. Wara autopsy findings avaliable prior to completion of cause of death? Completed 24a. Was an autopsy performed? certificate 1 Yas 2 No 1 Yes 2 No Hospital or Attending Physician: 25. Was casa rafarred to medicei Be 26. Placa of Death (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 Ampatient 2 ER/Outpatlent 3 DOA 1 Yas 2 No 2 After this illed in by the funarai 27. Manner of Death 28a. Data of injury (Month, Day Year) 28c. injury at Work? 28b. Tima of 28d. Describe how injury occurred Certification: 5 Panding Invastigation 1 Naturai deeth. 1 Yes 2 Accidant ofter deeth Director: 6 Could not be datamined 3 Suicida 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 ☐ Homicida To the Hospital of within 24 hours of To the Funeral D 1 Certifying Physician: To tha best of my knowledga, death occurred at tha tima, data and place, and due to the cause(s) and mannar as stated.

2 Madicat Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and mannar stated. edicai 29a. Certifiar 29d. Data signed (Month, Day, Year) 29b. Signatura and titia of certifiar 29c. Licensa number nadisal, MD 8/8/96 8651 30. Name and address of person who completed causa of death (Itam 23a) (Type, Print) Baltimore, MD 21201 Nadine B. Acri, MD 22 South Greene Street 31. Data filad (Month, Day, Year) 32. Registrar's Signatura State

DHMH 16 Rev 6/95

Registrar



LOCAL POR MED I	WERAL DIRECTOR After this certific	The state of the last of the l
	2	Married World

BALTIMORE, MARYLAND 21215-0020	s after death. Page 6 may be retained by the hospital or attending physician.	a certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	fical examiner must be notified at once.	
SALES OF VITAL RECORDS, P.O. BOX 68/60,	TO THE MORPHING PHISICIAN: The law requires that the death certificate be executed within actions after death. Page 6 may be retained by the hospital or attending physician.	TO THE NIVERAL DIRECTAR AND THE certificate has been signed by the attending physician and completely filled in by the to filed with the tremation, or removal, be filed with the burner of the state Dept. of Health and Memai Hygiene prior to burnal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF	DEATH	F	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH		3. TIME OF DEATH			
	DAVID	GOLD				MONTH	DAY	YEAR	C 20 4 M			
			In yrs. lest birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	t 8, 1996		6:30 A M			
		1 🔀 M 2 🗆 F 8	MO	NTHS DAYS	HOURS MIN.	May 9	ny, Year)	Country	γ)			
	1 304-03-1391	Ind:	iana									
	9a. FACILITY NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH											
6	14620 Deerhurst	Terrace		Silve	r Spring	,	1	lont a	omery			
ט	RESIDENCE OF DECEDENT							TOTTER				
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION			16.1	10d. INSIDE CITY			
	Maryland Mont	gomery	Silv	ver Spr	ing				1 VES 2 NO			
AL	10e. STREET AND NUMBER				ZIP CODE		10g. CIT	IZEN OF W	VHAT COUNTRY?			
BY FUNERAL	14620 Deerhurst	Townson			0000							
Z		12. WAS DECEDENT EVER IN	U.S. ARMED	13 WAS DECI	20906 ENDENT OF HISPAN	HC OBIGINS (S		I.S.A	- American Indian,			
匠	1 Never Married 2 Married	FORCES? 1 YES	2 X NO	If yes, spe	cify Cuban, Maxica	n, Puerlo Rica	n, etc.)	Black	t, White, atc.			
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR O	ATES	1 YES	2 NO Specify	<i>f</i> :		Specif	,			
ED	15. DECEDENT'S EOUCA	TION	16a. DECEDENT'S US	UAL COCUPATIO		400 - 400			White			
E	(Specify only highest grade or	ompleted)	(Give kind of work life. Do NOT use re	done during mos	at of working	166. KII	NO OF BUSINESS/IN	DUSTRY				
ا تا	Elementary/Secondary (0-12)	College (1-4 or 5+)	we. Do NOT use re	oured.)								
₹ I		Yrs	Engineer			U.S	6. Govern	ment				
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Midd	lle, Maiden Surname)					
BE (Harry Lee Gold				Bertha	Brill	L					
	19a. INFORMANT'S NAME (Type/Print)		196. MAILING AD	DRESS (Street at	nd Number or Rural F	Poute Number,	City or Town, State, Zi	p Code)				
5	Bertha Gold		I						MD 20906			
	20a. METHOD OF DISPOSITION	200	TI4020 L	JEELHUL:	St Terra	ce, 51	20c. LOCATION —					
	[☆ Burial 2 ☐ Cremation 3 ☐ Remov	ral from State cen	PLACEAND DATE OF E petery, cremetory or other ount Leban	place)	8/11/	1996	20c. LOCATION —					
	4 Donation 5 Other (Specify)	Mo	ount Leban	on Cem	eterý '		Adelphi	Mar	ryland			
	21. SIGNATURE OF FUNERAL SERVICE LICE			STEIN	O ADDRESS OF FAC HEBREW	CILITY MEMORT	AL FUNER	AT. HO	OME INC			
77	Wand (Stattle	much-	232 C	ARROLL S	TREET.	N.W.	1111	OME, INC.			
	23. PART i. Enter the diseases, or co		t the death. Do not	LWASHI	NGTON	D.C.	20012					
	shock, or heert fellure. Li	ist only one cause on a	ach line.	onter the mot	ie or dying, suci	n aa cardiac	or respiratory ar	rest,	Approximata interval Between			
	IMMEDIATE CAUSE (Final	$\Lambda\Lambda$	1.	1	- (1.			Onset and Death			
	diseese or condition resulting in death)	Myod	cardia		n acco	non			1 1264			
		DUE TO OR AS A	CONSEQUENCE OF):						/			
z	- .											
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	OUE TO (OR AS A	CONSEQUENCE OF):									
ξI	cause. Enter UNDERLYING											
띮	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):									
E	resulting in death) LAST								İ			
剪	d.											
	PART II. Other aignificent conditions	contributing to deeth b	ut not reaulting in t	he underiving	ceuse given in	Part i. 24	a. WAS AN AUTOPSY	24h	WERE AUTOPSY FINDINGS			
DICAL	Dack	insons	Sundon	nn		- 1	PERFORMEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
		111. 2017 3	278100:011	18		_ 11	YES 2 NO		OF DEATH?			
ME						,			1 YES 2 NO			
PHYSICIAN:	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE OF D	DEATH Y	ES 🔲 NO	区						
× I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PL	ACE OF DEATH (Che	eck only one)						
Sic	a contract of conflict	HOSPITAL: 1 Inpetient 2 ER/Outp		THER:	5 KRasidence	6 (Other (S)	necify)					
<u></u>	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME O				BE HOW INJURY OC	CUBEO				
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	Y WOI	RK7 ES 2 NO			0020				
BY	2 Accident Investigation	20 - 01 405 05 10 11 11										
8	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Spec	— At nome, farm, stree city)	et, factory, office			ON (Street and Number own, State)	r or Rural A	loute Number,			
EI	- Tonnero											
7	29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my know	ledge, death occurred a	t the time, data	and place, and due	to the causel	a) and manner as sta	ted				
COMPLETED		On the basis of exemination							and manner se stated			
8						time, deta and	prace; and dog to t	- Ca0se(2)	y and manner as stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER)			29c. LICENSE NUM				(Month, Day, Year)			
5	11/0-016 124	lane.			D379	775) a	ugo	nt 8.1996			
F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE.	ATH (ITEM 27) (Type, Pri	nt)			1					
	Dr. Jeffrey Indri	sano 0801	Georgia A	Wanna	#3.40	C + 1	Connad	M	20002			
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE	venue.	175-40.	STIVEL	Spring.	MU	20902			
			1127									
	AUG 1 5 1996	Juli d'andre	4- Wandall									
		A/ 8							OHMH-16 Rev 1/89			

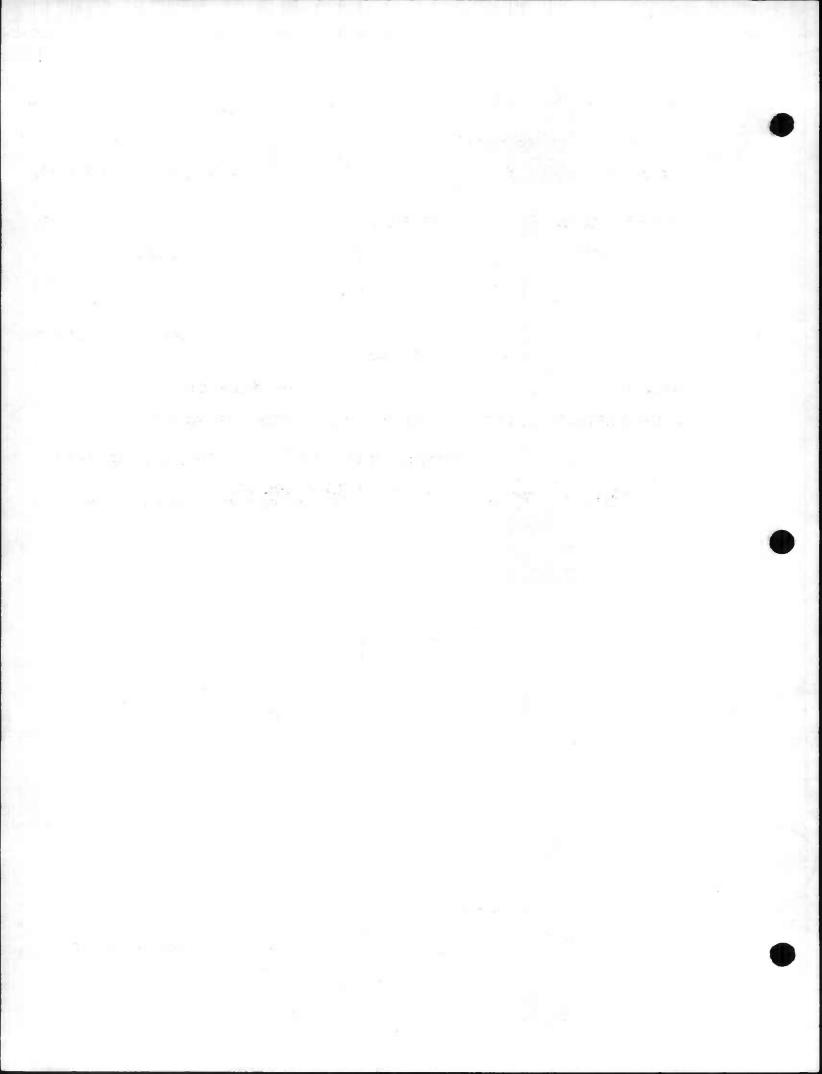
	u/ 50	item 20c per FH 8		a	Ce	rtificate	of L	Death	2. Data of De	Reg. No.		3. Time of Death
Physic /Medi		F. LEONA	, Last/		1	HARD	4		Month AUGUSI	Day	Yaar 1996	11:30 F
Exami		4a. Facility Nama (If not Institution		umber) HOSPITZ	14		41		r Location of Deat		by of Death	MORE CI
Funeral Director		0 000	6. Sax	7. Aga (In yrs	: last birthday) Yrs.	If Undar 1 Y Months D	'aar ays	if Undar 24 H Hours M	rs. 8. Data of Bir		9 Rinho	placa (Stata or Fore
A 11		Usual Rasidance of Decedant 10a. Stata 10b. County			ity, Town or Lo	ocation						0d. Insida City Lim
Sa-f sh	ctor	MARYLAND BALTIMOF	RE	BALT	TIMORE CO							1□Yas 2□
P or	Di	10e. Street and Number 1604 ORLANDO ROAD				10f. Zip Co 21234	da			10g. Citizan of U.S.A		ntry?
netural", or itsms 23a or 28a-f show	by Funeral Director	11. Maritai Status 1 Navar Married 2 Marri 3XXWidowed 4 Divorced	Armed F	2) No liva				spanic Origin? n, Maxican, Pu Specify:	(Specify Yas or No arto Rican, atc.)	o- 14. Ra	ice - Amaric ack, Whita,	atc.
- 48	Completed	15. Decedent (Specify only highas	s Education t grada complated)	16a. Dece (Giva lifa.	dent's Usuai O kind of work d DO NOT usa n	ccupa lona d etired)	ation furing most of v	vorking	16b. Kind of B		
Hygiene. ther than ent, the	Com	Elementary/Secondary (0-12)	N/A	(1-4or 5+)	MISSION	JARY					NITNESS	
la de	To Be	17. Fathar's Nama (First, Middla, I GEORGE DURST	ast)					GARNET	ame (First, Middle	TER .		
47.5		19a. Informant's Neme/Raiationsh WILLIAM OLIVER HARD		IN)					Rural Routa Numb RE, MARYLAN		n, Stata, Zip	Coda)
DE E		20a. Mathod of Disposition 1 ☒ Buriai 2 ☐ Cramation	3 □Ramoval from	20b.	Place of Dispo cematary, crai	osition (Nama o matory or otha	of r place	e)	Data	20c. Location	1/2	
Department of H Important: If its any injury or of once.		4 □ Donation 5 □ Other (Sp 21. Signature of Funeral Service L		CL	2:	MEHTODIS 2. Nama and A	ddras		+14-1996	DELTAVIL	LE, PEN	NSYLVANIA
ysiclan		23a. Part1. Entar tha disaasa, or shock, or haart failure. List (complications that only ona causa on	caused tha das aach ilna.) 74	101 BELAT	R	POAD BA	TTMORE. MA	ARYLAND 2	1236-46	Approximata Interval Between Onset and Death
Medical caminer		immediata Cause (Finel disaesa or condition rasulting in daath)	a				RY	FAIL	PRE			>10A4
	je l			Due to	or es a consed	quence of): VEU M	24/	/ 4				> 3 DA4
cian and burlai-Inana	i Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or injury	b	Dua to	or as a consec		,,,,,					- 3 DAY
as the	Medical	that initiated evants rasulting in death) Last	C	Dua to (or as a consec	uanca of):						
attendin for use	lan		d									
ed by the detached	/ Physician/Medi	Part ii. Other algniffcant condition 6ASTNO1	NTESTINA			ndartying caus	a giva	an in Part I.		tobacco uae c Yes 2□ No		the cause of dear bebly 4 Unknown
been sign should be	Completed by									s an autopsy ormed?	av.	ara autopsy finding aliable prior to mpletion of cause death?
	E								10	Yas 25 No	10	Yas 2□ No
2 N	O	25. Was case refarred to medical	Hospitai:	/			Othe	M.	eeth (Check only			
certificate has rector, page 2	Be	axaminer?		inpatient 2	ER/Outpatier			4 🗆 IAMISHI	Homa 5 Rasi	how injury occu		y)
2 N	To Be	axaminer? 1 ☐ Yes 2 ☑ No 27. Manner of Deeth	28a. Deta	of injury	28b. Tima o	200.						
PSeath. setor: After this certificate has by the funeral director, page 2	To Be	axaminer? 1 Yes 22 No 27. Manner of Deeth 1 Neturai 5 Panding 2 Accident invastig 3 Suicida 6 Could in	28a. Deta (Mo	of injury nth, Day Year) e of injury - At I	injury	М	101	ras 2 □ No	28f. Location ((Streat and Num	ber or Rura	al Routa Number,
hours aff@755ath. uwers! Director: After this certificate has y filled in by the funeral director, page 2	Certification: To Be	axaminer? 1 Yes 2 No 27. Manner of Deeth 1 Neturai 5 Panding 2 Accident Invastig 3 Suicida 6 Could n 4 Homicide Could n 29a. Cartifiar 1 Certifying	28a. Determination of the lead 28a. Place build	e of injury - At I ding, atc. (Spec a best of my kn	noma, farm, str	M eat, factory, of	1 🗆 Y	Yas 2 □ No	City or To	wn, Stata) cause(s) and m	nannar as si	tated.
afferbath. Director: After this certificate has in by the funeral director, page 2	To Be	axaminer? 1 Yes 2 No 27. Manner of Deeth 1 Neturai 5 Panding 2 Accident Invastig 3 Suicida 6 Could n 4 Homicide Could n 29a. Cartifiar 1 Certifying	ation of be ned 28a. Place build physician: To the xaminar: On that	e of injury - At I ding, atc. (Spec a best of my kn	noma, farm, str	M reat, factory, of a occurred at the vastigation, in	fice	Yas 2 □ No	City or To	wn, Stata) cause(s) and m	nannar as s , and dua to	tated. the cause(s)

State Registrar

31. Data filed (Month, Day, Year) AUG 1 5 1996

32. Registrar's Signature

Randson-Randson

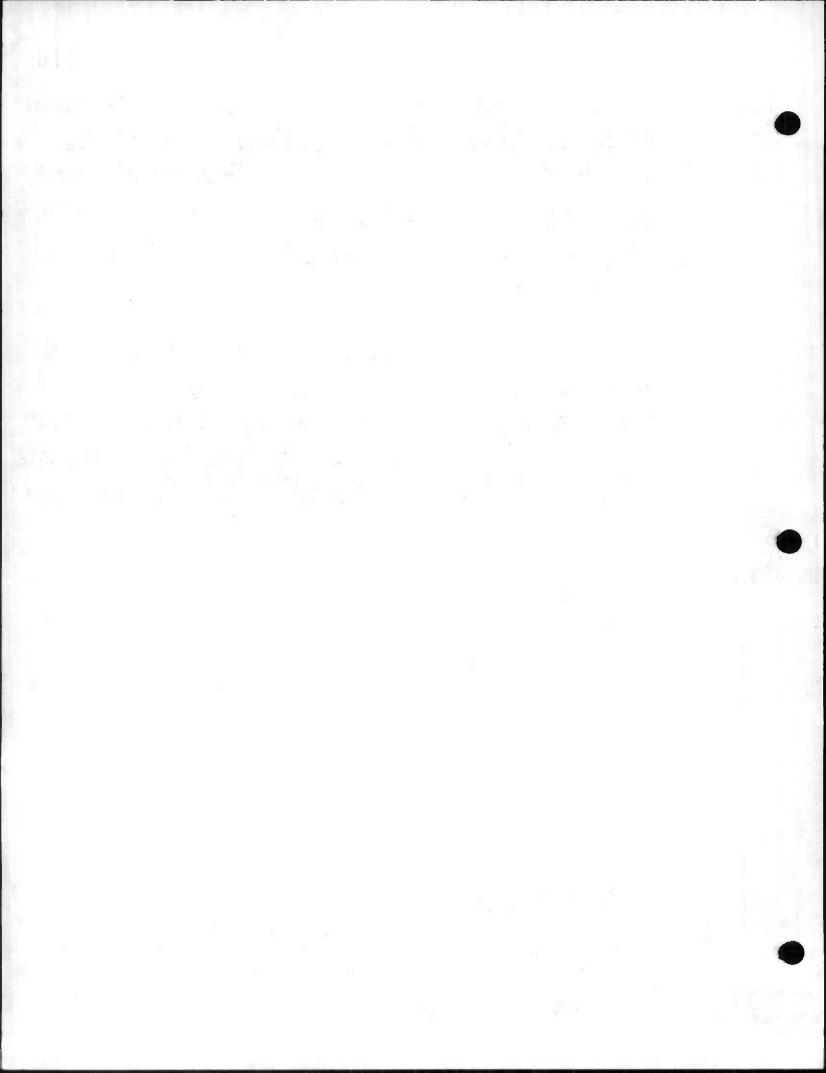


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** :12AM 4b. City, Town, or Location of /Medical 4a. Facility Nama (If not Institution, giva straat a **Examiner** If Undar 1 Yaar **Funeral** 102M 2□ F Months Days Director Pages 1 and 2 should be filed within 72 hours after death with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 28a-f show 10d. Insida City Limits Examiner must be notified at **Funeral Director** 1 → Yas 2 No 10e. Straat and Number 10g. Citizan of What Country? "natural", or items 23a or 11. Marital Status Was Dacedant of Hispanic Origin? (Specify Yas or No if Yas, specify Cuban, Maxican, Puarto Rican, atc.) Raca - Amarican indian, Biack, Whita, atc. 1 Navar Married 2 Marriad Baltimore, Maryland 21215-0020 1□ Yas 212 No Spacify: by 3 ☐ Widowad 4 ☐ Divorcad Be Completed Department of Health end Mental Hygiene. Important: If Item 27 Is marked other than "natur any Injury or other traumatic evant, It a Medical 15. Decedant's Education 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry (Spacify only highast grada complated) Collaga (1-4or 5+) Nama (First Middle. 2 19b. Maliing Addrass (Street and Number 20b. Placa of Disposition 2Ou 1 Burial 2 □ Cremation permit. Page Department 4 Donation 5/El Other (Specify) aral Service Licenses cations that caused the death. Do not antar th Approximete Interval Batween Onsat and Deeth Physician /Medical immediate Causa (Final disaasa or condition resulting in daath) **Examiner** Physician/Medical Examiner 200 Movor The law requires that the deeth certificate be axecuted detached for use as the buriel-transit Sequantially list conditions, if any, laading to Immadiata cause. Entar Undarlying Ceusa (Disaase or Injury that initieted avants resulting in death) Last Dua to (or es e consequança of): Division of Vital Records, P.O. Box 68760, 'aucer - una Dua to (or as a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? À 3 Probably 4 Unknown 1 Yss 2 No by 90 Completed 24b. Wara autopsy findings available prior to complation of causa of daath? paga 2 should 24a. Was an autopsy performad? To the Hospital or Attending Physician: The law requivitin 24 hours efter death.

To the Funeral Director: After this certificata has been 2 No 1 Yas 1 ☐ Yas 2 ☐ No Be 25. Wes case referred to madical axaminer? 28. Pieca of Daath (Check only ona) Certification: To 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 4D Nursing Homa 5 ☐ Rasidanca 6 ☐ Othar (Specify) filled in by the funeral 27. Mennar of Death 28c. Injury et Work? 28d. Dascribe how Injury occurred 28b. Time of 1 Natural 5 Panding invastigation 1 Yas 2 Accident 6 Could not be daterminad 28f. Location (Street end Number or Rural Routa Number, City or Town, State) 3 ☐ Suicida 28e. Pleca of Injury - At homa, farm, streat, factory, office bullding, atc. (Specify) 4 Homicide edical 12 Cartifying Physicien: To the best of my knowledge, deeth occurred at the time, data end plece, and due to the causa(s) and menner as stated.
2 Medical Examinar: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and plece, and due to the cause(s) and manner stated. (Check only Σ 29b. Signature and titia of cartifier 29c. Licansa number 29d. Data signed (Month, Day, Year) Kayor U/D 30. Nama and address of parson who complated causa of death (Itam 23a) (Type, Print) Holling Ferry Rd 1EE 436 31. Data filed (Month, Day, Year) AUG 1 5 1996 82. Registrar's Signature
with Davidson-Randelle State Registrar

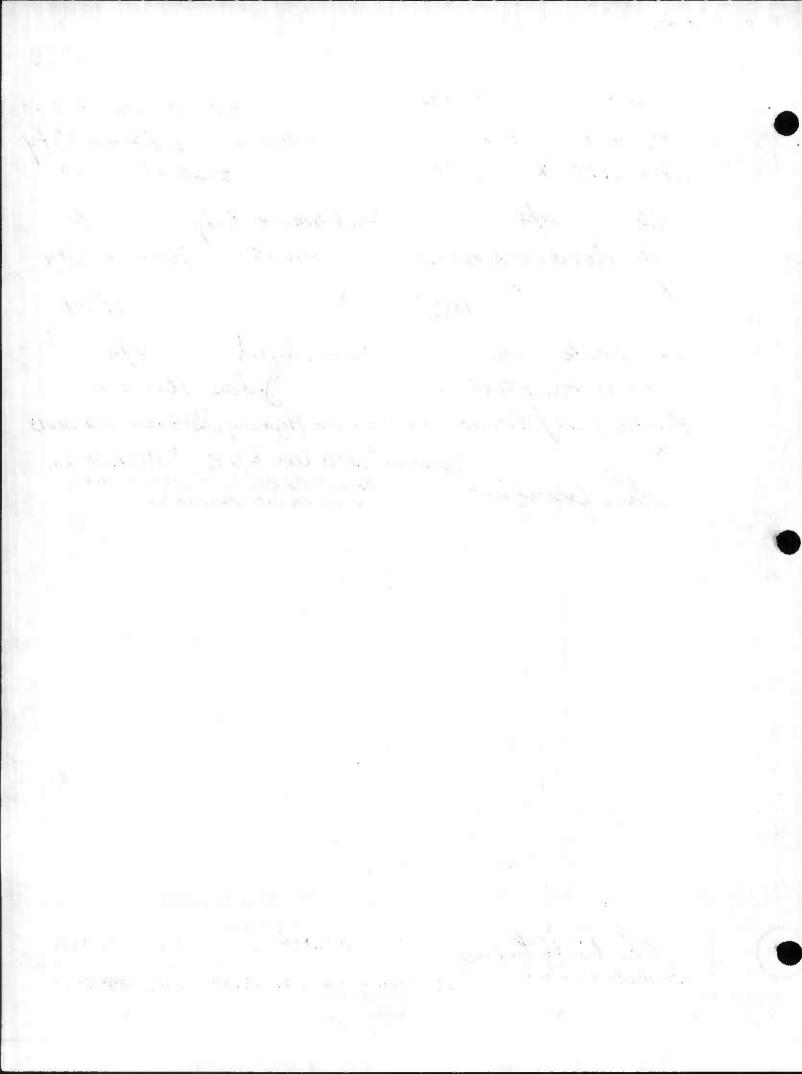
DHMH 16 Rsv 6/95



State of Maryland / Department of Health and Mental Hygier

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				Olate of Maryla		cate of		Memarri	Reg. No.	0	24219
10	Physic	ian	Decedent's Name (First, Middle, Les WILBUR	HARR	TSON			2. Date of D Month	Day	Year	3. Time of Death
	/Medi	cal	4a. Facility Neme (If not institution, give				4b. City, Town, o	JULY		996	1:12 AM
	Exami	iei	10. 10. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	AVENUE			BALTIM		Paly.	more	e City
	Funeral Director		5. Social Security Number 2/9-/0-66-75 Usual Residence of Decedent	ax 7. Aga (In yrs	(Last birthday) If U Mor	ndar 1 Yaar ths Days	If Under 24 Hr Hours Mir		irth ey, Yaer) 25-25	9. Birthpi Count	laca (State or Foreign try) V A
	yland		10a. State 10b. County	/ 10c. C	lty, Town or Location				, _	10	Od. Inside City Limits
	8a-f sl	ctor	MD	I/A		Pal	HMURY	e Cit	V		1 Yes 2 □ No
	a or 2	Dire	10e. Street and Number	1 51 1	10	. Zip Code	0.00	- 1	10g. Citizen of W	/hat Count	iry?
	death	Funeral Director	706 Keed	12. Was Decedent Ever in I	J.S. 13. Was D	ecedent of H	Ilspanic Origin? (an, Maxican, Pue	Spacify Yes or N	- 14. Race	NO CO	an indian,
020	nin 72 hours efter death with the Maryland 8. "natural", or items 23s or 28s-f show Magical Examination notified at	by	1 Naver Married 2 Marriad 3 Widowed 4 Divorced	Armed Forces? 1 XYas 2 □ No XYes, Give Year or Datas:		specify Cuba	an, Maxican, Pue Specify:	nto Ricen, etc.)	Specify:	k, White, e	ack.
15-0	natur	eted	15. Decedent's Ed (Specify only highest gre	ucetion de completed)	16a. Decedent's (Give kind o	Usual Occup f work dona	pation during most of widd)	orking	16b. Kind of Bu	siness/Ind	ustry
64 3	permit. Pages 1 and 2 should be filed within Department of Health end Mental Hygiene. Important: If item 27 is marked other than "any injury or other traumatic event, the Magance.	Completed	Ejamentary/Secondary (0-12) Rode 17. Fathar's Name (First, Middla, Last)	College (1-4or 5+)	life. DO NO	new (new	ploye	ed	1	1/4	-6.5
Maryland	Mental Parked of	To Be	Thomas Fa	IKARR			18. Mothers Na	ame (First, Middle	a, Maidan Surnem	130	1
ary	z should by end Menta is marked aumetic ev	F	19a Informant's Name/Relationship (7	Typg(Print)	19b. Malling Add	Irass (Street	end Number	Rural Route Num	ber, City or Town,	-	
	of Health of Health item 27 is		Pearlie Ball,	Cousin	13181	diso	n High	way, 3	altimore	e m	D 21213
nor	rages nent of H		20a. Method of Disposition 128 Burlal 2 Cremation 3	Removal from State	Place of Disposition cemetery, cremetory	(Nema of or other plea	ce) C	Date O 40 O/	20c. Location - 0	City or Tov	wn, State
	permit. Page Department of Important: If any Injury or once.		4 Donation 5 Other (Specify 21. Signature of Fundral Service Country	(3)	RKUSON T	e end Addre	ss of Eacility	5-12-46	- say	MOK	?e (o.
ä	Depa Impo		I Sur Con	nel			ss of Eachlity Nuct		Tunera	K 17	one
	-		23a. Part1 Enlar the disease, or comp shock, or heart failura. List only of	lications that caused the dae					arrast,		Approximate Interval Batween
	hysician /Medicai		Immediate Cause (Final							1	Onset and Death
	xaminer	13	disease or condition resulting in death)	Arteriosc.			LOVASCU	Tar DI	sease		
	2 #	iner		Dua to (or as a consaquance	or):				1	
68760,	incate be executed g physician and es the burial-transit	edical Examiner	Sequantially list conditions, if any, leading to immediate ceusa. Enter Underlying	Due to (or as a consequ <i>e</i> nce	of):					
68760,	physic the b	dica	Cause (Disaasa or injury that initiated events resulting in daath) Last	C. Dua to (or as a consequance	of):					
ox 6	nding use es	n/Me		d							
P.O. Box	ed for	Physician/M	Part II. Other significant conditions co	ntributing to death but not ras	sulting in the underlyi	ng ceuse giv	en in Part I.	23b. Did	tobacco use con	tribute to	the cause of death?
	igned by the ettendin be deteched for use										ably 4 Unknown
ds,	signe of be	d by						242 Was	s an autopsy	24h Wei	re autopsy findings
Records,	s been slig	Completed						pert	ormed? PECTION	con	illable prior to npletion of ceuse laath?
H R	is certificate has l	mo:							Yes 2/2/No		Yes 20 No
Vita clan:	ertifica ector,	Be	25. Was cese referred to medicel examiner?			1		eath (Chack only			
of Vita	this c	To.	Yes 2□ No 27. Manner of Death	Hospital: 1 ☐ Inpatient 2 ☐ 28e. Date of Injury	ER/Outpatient 3		4 Li Nursing		idance 6 Othe)
Vision	n 0 2	ation	XXNatural 5 Pending 2 Accident Investigation	(Month, Dey Year)	Injury	28c. Injur Wor	k? Yes 2 □ No	200. Describe	now injury occurre	90	
Division of Vital	within 24 hours after deeth. To the Funeral Director: Aft completely filled in by the fur	Certification:	3 ☐ Sulcide 6 ☐ Could not be 4 ☐ Homlcida datarmined	28a. Place of Injury - At h building, atc. (Speci	ome, farm, atreat, far fy)	ctory, office			(Street and Numbe wn, Stete)	or Aurel	Routa Number,
Hospita	24 hours Funera	edical	29a. Certifiar (Check only one)	sician: To the best of my kno nar: On the basis of axamina and manner stated.	wladge, death occur ition and/or investiga	red at the tim tion, in my o	ne, date and plac plnion, death occ	e, and dua to the urred at tha tima	ceuae(a) and mar data and place, a	ner as ata	itad. the ceusa(s)
- P	Within To the compl	Me	29b. Signatura end title of certifier	1/		29c. License	e number		29d. Date signed	(Month, D	lay, Year)
1			The du le	Kind was		0.0	C.M.E		JULY	24,	1996
1			30. Name and address of person who or Theodore King M	A D							
		• 0	31. Date filed (Month, Dey, Year)	1. D. 1	11 Penn	Stree	et, Bal	timore	, Maryl	and	21201
	Sta Registr		AUC 1 5 400		n-Randelle						



State of Maryland / Department of Health and Mental Hygiene 96

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							Ce	rtifica	ate of	Death			Reg. No.			
	Discord.	•	1. Decedant's Name (First, Midd	la, Last)								2. Date of Dea		Veer	3. Tim	a of Death
	Physic		Mary Jane	t	Наі	aht						Aug.	Day 8. 19	Year 96	3.4	5 P.M.
	/Medi Exami		4a. Facility Nama (If not institution							4b. City, To	wn, or Lo	ocation of Death	-			, 1 -11-
	LXUIII	1161	122 North Mea	dow	Drive					Clon :	D					
-			5. Social Security Number	6. Sex			last birthday)	If Und	ler 1 Yaeı	Glen :	24 Hrs.			Arur		te as Familia
	Funeral		215-32-9694	1□ M			Yrs.	Month			Min.	(Month, Da	y, Year)			ta o <i>r Foreig</i> n
	Director		Usual Rasidance of Decedant			63	110.					Feb. 22	, 1933	Mary	yland	1
	P .		10e. Steta 10b. County			10c Ci	ty. Town or Lo	ncation							10d theid	e City Limits
	sho	5	Telesco			1	.,,									es 2 No
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	with the Maryland a or 28a-f show be notified at	吉	10e. Street and Number					10f. 2	ip Coda				10g. Citizen of	What Cour	ntry?	
	72 hours after death with the Maryland natural, or items 23a or 28a-f show dical Examinal must be notified at	Funeral Director	122 north Mead	low Dr	ive					2106	1		United	Stat	es	
	e E	I G	11. Meritei Stetus	12. V	Vas Daced	dent Ever in U	J,S. 13.	Was Dec	edent of	Hispanic Or	igin? (Sp	ecify Yes or No Rican, etc.)	14. Rac	ce - Amaric		
0	or its	T.	1 Navar Married 2 Mar	ried 1	☐ Yes	2 🔀 No						rnoan, etc.)		ck, Whita,	etc.	
21215-0020	72 hours after death v natural, or frems 23s	by	3√ Widowed 4 Divorced		Yas, Giva 'ear or Da			ILI Yas	2 图 为 0	Specify:			Specif	Whi	te	
0	72 hours natural,	Completed	15. Decedar	t's Educatio	n		16a. Dece	dant's Us	ual Occu	pation			16b. Kind of B	usinass/In	dustry	
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21	withir liene. T than	E	12 yrs.		ollega (1-	401 5+)		Н	omema	ker			0	wn Ho	ome	
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an	d be antal	Be C	Paul Joseph 1	IcOuav						12 13			Snyder			
2	2 should be filed and Mental Hygis le marked other aumatic event, it	10	19a, tntormant'a Name/Ralation:	~ 4			405-14-10		/0				-4			
Maryland	s 1 and 2 should be filed within f Health and Mental Hygiene, fem 27 le marked other than other traumatic event, tha Me		Robert A. Haigh									el Routa Numbe		Stata, Zip) Code)	
	ealt m 2			01.	7 5011	last :				Gren	DULII					
0	of of the		20e. Method of Disposition 1 ☑ Burial 2 ☐ Cramation	3 □ Bamo	val from S		Place of Dispo cemetery, crai	matory o	ama or r othar pla	ace)	į	Dete	20c. Location	· City or To	own, State	ı
E	Pag nant iny		4 Donation 5 Dothar (S		var nom o	Gle	n Have	n Me	m. P	k. Au	g. 1	2, 1996	Glen :	Burni	e, M	D
Baltimore,	permit. Pages 1 and 2 Department of Health a Important: If frem 27 le any Injury or other trat once.		21. Signature/of Funeral Service	Licensee	562		_ 2;	2. Nama	and Addr	ess of Fecili	ty_	eral Ho				
m	Depariment Department of the police of the p		1 hind	may	ril.	,										
			22a Parti Enter the disease a		1	us and Alban albani	42	1 Cr	ain	Hwy.	S.E.	Glen B	urnie,	MD 21		
			23a. Part1. Enter tha disease, or shock, or haart taitura. List	only ona ca	usa on ae	ch lina.	in. Do not am	ion file ili	oda ot dy	ing, such as	cargiec	or raspiratory at	reat,	1	Approxir Intervat I	Between
	Physician					,		1		/.				1	Onsat at	nd Death
	/Medical Examiner		tmmediate Causa (Finat disaasa or condition rasulting in death)		Ad	Vanu	ed 1	ran	we	afic		avr.	el	i	2.	1 ears
		L	rasulting in death)			Due to (or as a consec	quance o	f):							
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o,	an a		Sequentially list conditions, if any, leading to Immadiate causa. Entar Undarlying Cause (Diseasa or injury											i		
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o.	0 0 0	ysi	Part II. Other significant condition	ns contribu	ing to dea	th but not ras	ulting in the u	ndarfying	causa gi	ivan in Part 1	t.	23b. Did 1	obacco use co	ptribute to	o the cau	ss of death?
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5	Physician: The this certificata ral director, pag	Be	axaminar?	Hospi	al: _				Ot	h		h (Check only o				
o	5 00	P	1 Yas 2 No 27. Manner of Death		1 L In		ER/Outpatier		70A	40 140		ma 5 Amasic			y)	
		0	1 ☑ Natural 5 ☐ Pandir		a. Date of (Month	Day Year)	28b. Tima of Injury		28c. inju Wo			28d. Dascribe h	low injury occur	red		
Sio	Attending r death. ector: After by the fune	Sat	2 ☐ Accident invasti					М	1	Yas 2	No					
Division		Ě	3 ☐ Suicide 6 ☐ Could 4 ☐ Homicida datam	not be ined 28		of Injury - At hig, etc. (Specif	oma, farm, atr	eet, facto	ry, office			28f. Location (5 City or Tox		er or Rura	al Routa N	lumber,
		Certification:				, oto (opeon	,,									
	Hospital 24 hours Funeral		29a. Certifier 1 Cartifyir	g Phyaiclan	: To tha b	est of my kno	wledga, daatt	occurre	d at tha ti	ma, data an	d place,	and due to the	ausa(s) and ma	annar as s	tated.	
/	不 芯 4 是	edicai	(Check only 2 Medicat one)	Examiner: (on the bas	is of axamina	tion end/or in	vestigetio	n, in my	opinion, daa	th occurr	red at tha tima,	data end piece,	and dua to	tha caus	a(D)
1		Me	29b. Signetura and title of certifie	-	4	_		2	9c. Lican	sa nu <i>m</i> ber			29d. Dete signe	d (Month.	Day, Yea	r)
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	1		MOTOR OF	nin	1					218	7	7	Augus	st 9,	1996	5
	76		30. Name and addrass of person													
	10		Dr. Robert J. C	hrist				rmy	Hosp	ital	Was	hington	, D.C.	20307	1	
	Sta		31. Data tiled (Month, Day, Year)		D .	gistrar'a Signa										
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DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

96 21

				Cert	ificate of	Death		Reg. No.		
Physic	ian	Decedent's Neme (First, Middle, Last)	11	11	1/20		2. Dete of De	eeth Dey_	Year	3. Time of Deeth
/Medi		James Wi	1/15	HO	OKILIS		Augu:	st 13 1	996	Sis bu
Exami		4a. Fecility Neme (If not Institution, give street end nu		1		4b. City, Town, or	Location of Deal	th 4c. County	of Deeth	
		maryland Czeneras	2 H	Ospita	el.	Kaltin	ore City	r	n/a	
Funeral		5. Sociel Security Number 6. Sex	7. Age (In yrs. le		If Under 1 Year Months Days	If Under 24 Hr Hours Mir	8. Dete of Bi	rth ev. Year)	9. Birthpl Count	ece (State or Foreign
Director		238-22-5520	75	Yrs.	7 CHORIE		July 4	, 1921	North	Carolina
pu ,		Usuel Residence of Decedent 10e. State 10b. County	10a City	Town as I ass	tion					
72 hours after death with the Maryland natural; or items 23s or 28s-f show deal Examiner must be nutfied at	2	Too. July		, Town or Loca					10	Od. Inside City Limits
W 1 1	Scto	MD n/a	В	altimo						1√ Yes 2□No
1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Director	10e. Street end Number			10f. Zip Code			10g. Citizen of V	What Count	iry?
123 aft	rai	3517 Lyndale Avenue			2121				SA	
8 4	Funeral	Armed Fo	edent Ever in U,S proes?	S. 13. W	as Decedent of F res, specify Cub	Hispenic Origin? (en, Mexican, Pue	Specify Yes or Norto Rican, etc.)	0- 14. Rec Bled	e - America ck, White, e	
am am	by F	If Yes, Gi	2 No		Yes 2 No			Specify		
n /z rours anar oean with the Marylan "natural", or items 23a or 28a-f ahow edical Examiner must be nutried at		3 ☐ Widowed 4 ☐ Divorced Year or D	letes:						Blac	
- 1 -	Completed	15. Decedent's Education (Specify only highest grade completed)		16e. Decede	nt's Usuel Occup nd of work done	petion during most of world)	orking	16b. Kind of Bu	usiness/Ind	ustry
Hyglene. ther than	E D	Elementary/Secondary (0-12) College (1-4or 5+)					T.75 1 1 5	Oa	nat wiat i ar
other of	ပိ	17. Father's Name (Brst, Middle, Last)	1	C	onstruct	tion/Rai				nstruction
marked of	Be	/					eme (First, Middle		10)	
nd Menta marked imatic ev	2	Tommie Hopkins					y Carter			
4 6 6		19e, Informent's Neme/Relationship (Type, Print)	wife			and Number or F				
Health em 27 other tr		Lorrine Hopkins	lant ni		Lyndale			more, Ma		
int: If Its		20a. Method of Disposition 1	Stete 200. Pil	metery, creme	tion (Name of tory or other ple	ice)	Dete	20c. Location -	City or To	wn, Stete
		4 ☐ Donetion 5 ☐ Other (Specify)		Veteran	Cem./Ga	arrison	Aug 20	Owings		
Departmen Important: any Injury 2000.		21. Signeture of Funeral Service Licensee	00	22.1	Neme end Addre	ess of Fecility N	utter Fu	neral Ho	omes,	Inc.
0 = 9 9		Lilly X KA	lles	R	altimore	nns Fall e, Maryl	s Parkwa and 212			
		23a. Pent Enter the disease, or complications that of shock, or heart feilure. List only one cause on e	aused the deeth.							Approximete Intervai Between
ysician	1	chost, or host to buy Election, one dates on	room into.)				1	Onset and Deeth
/ledical		immediate Ceuse (Final disease or condition	rentin	N PI	reumoi	nia			i	
aminer		resulting in death)	Due to for	es a conseque	TOCKET	**			i	
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rans	Examiner	Sequentially list conditions,	, Due to for	es e conseque	ence of):					
urial-		Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying	10 - R	Bnikati	RY	ARREST			1	
nding physiclan and usa as the bunal-transit	edical	Ceuse (Diseese or injury that initiated events resulting in deeth) Last	Due to (or	es e conseque	nce of):					
ng by	υ/Mec	Total III decility Edd							I I	
~ ~		d							1	
igned by the atte be datached for	Physicia	Pert ii. Other significant conditions contributing to de	eath but not resul	lting in the und	erlying cause giv	ven in Pert I.	23b. Did	tobacco use co	ntributs to	the cause of death?
by th	h,	Anemia					1 🗆	Yes 2 No	3 Prob	ably 4 Onknown
pe de	by	Allelilla					-			
60 G							24a. Wes	an autopsy ormed?	24b. We	re sutopsy findings
2 shoul	olet						pen	omeor	con	npletion of cause
a has	Completed						40	Yes 200No		Yes 2□ No
certificata rector. pag		25. Was case referred to medical				Of Disease Of De			1	1162 20140
	o Be	examiner? Hospitei:	inpatient 2□E	R/Outpatient	3□ DOA Oth	nar	eeth (Check only		/Cit-	
	⊢ -	27. Menney of Deeth 28e. Dete	of injury	28b. Time of	JLI DOA	4 Li Nursing	Home 5 ☐ Res	how injury occur)
Aftar funa	tlor	1 ☑ Neturei 5 ☐ Pending (Mon. 2 ☐ Accident investigation	th, Dey Year)	injury	M 1	rk? Yes 2□No		,,		
Director: In by the f	flca	3 Suicide 6 Could not be 28e Plece	of injury - At hor	me, farm, stree		127.2	28f. Location	Street end Numb	er or Rural	Route Number.
Direc	Certification:		ng, etc. (Specify)		.,			wn, State)		
Funeral taly fille	C	29a. Certifier 1 Certifying Physician: To the	best of my know	dedoe deeth o	ccurred at the til	me date and nier	s and due to the	cause(s) and ma	nner ac et	ated
	edical	2 Medical Examiner: On the bi	asis of examinetic ner steted.	on and/or inves	stigetion, in my o	opinion, deeth occ	curred et the time,	dete and piece,	and due to	the cause(s)
To the comple	Me	29b. Signeture end title of certifier			29c. Licens	se number		29d. Date signe	d (Month, L	Day, Year)
-0		11.1111. 7.15			8	9277		8/12/0	60	250
1	}	Minutes refundant			0	, , , ,		0/10/7	0 0	MACE
1		30. Name and address of person who completed caus	e of deeth (Item:	23a) (Type, Pr	(Lo	ma	y land	Gene	200	:35pm Hospital
		31 Date filed (Month Day Year)	San Dan	2.00	40	11 purc	10000	CICION	sic.	المارام المرازا
Sta		AUG 1 5 1996	Letton as h Burds							
Sta Registr		31. Dete filed (Month Day Year) AUG 1 5 1996	down-films	are 1)	40	MAR	grara	CHENER	eal	HOS

State of Maryland / Department of Health and Mental Hygiene

24222

					Certificate of	Death	F	leg. No.	
т	Physici	ian	1. Decedant's Neme (First, Middla, Last)				2. Data of Dea		3. Tima of Death
1	/Medi		Alta M	Hull			August	14 19	
	Examir	ner	49. Facility Nema (If not institution, give: Harbor Hospital			802 Itim	aso lite	1 Ball	oeath imore
	Funeral Director		5. Social Security Number 6. San 1 USuel Rasidanca of Decedant	14 of -	thday) If Undar 1 Yaar Yrs. Months Deys	If Undar 24 Hrs. Hours Min.	8. Dete of Birth (Month, Day Sept. 2)	1924 X	Birthplaca (State or Foreign Country) ENTUCKY
	death with the Maryland rms 23s or 25s-f show r must be notified at	tor	10a. Stata 10b. County	10c. City, Town	n or Location 1 Himore				10d. inside City Limits Yas 2 □ No
	th with the 23a or 28a	Funeral Director	10e. Street and Number	strect	10f. Zip Coda	1230		Og. Citizan of Wha	t Country? States
5-0020	ours after ral', or its Examine	þ	11. Maritel Stetus 1 □ Nevar Married 2 □ Merried 3 □ Wildowed 4 □ Divorcad	12. Wes Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 No If Yas, Give Yeer or Datas:	13. Was Decedent of If Yas, specify Cub	oan, Maxican, Puerto	ecify Yes or No- Rican, etc.)	Black, V	American Indian, Whita, atc. White
21215-0	5 -	Completed	15. Decedant's Educ (Specify only highast grade Elementary/Secondery (0-12)	cation e completed) College (1-4or 5+)	Decedant's Usual Occu (Giva kind of work dona lifa. DO NOT usa retire	during most of workind)	ing	16b. Kind of Busin	ass/Industry
Maryland	should be filed with nd Mental Hygiena, marked other ther umatic event, treas	To Be (17. Father's Neme (First, Middle, Last) ALEX DAVI	S		18. Mothar's Name	-	Maidan Sumame)	
	s 1 and 2 sho of Health and item 27 le me other traum			rish Daughter 14	. Mailing Address (Stree 178 Woodvid		Yardl	BY PA	19067
Baltimore,	Part A		20a. Method of Disposition 1 ■ Burlal 2 □ Cremation 3 □ R □ Donetion 5 □ Othar (Specify)	temovel from Steta	Disposition (Nama of y, cremetory or other ple United Mem. (rendous A	1 17 19	20th. Location - City	the mis
Ball	permit. Pag Department Important: I any Injury o		21. Signifium Funarel Sarvica Licanse	200	22. Nama and Addre	ass of Facility L. Steven	x fun	Br. Ho. A	D 21230
	REPORT OF THE		23a. Part1. Entar tha disaasa, or compli- shock, or heert feilura. List only on	cations that caused tha death. Do'n	not anter tha moda of dyl	ing, such as cardiac o	or raspiratory an	rest,	Approximate Interval Between Onset end Death
j	Physician /Medical Examiner	er	Immediata Causa (Final disease or condition rasulting in death) a	. Ventricula Dua to (or as e	consequence of):	llation			10 minutes
Ć,	axecuted in and ial-transit	Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Causa (Disease or Injury	Due to (or as e o	consequance of):			,	
x 68760,	eath certificate be avecuted attending physician and for use as the burial-transit	/Medical	Causa (Disease or Injury that Initiated avants rasulting In death) Last	Due to (or as a c	consequence of):				
P.O. Bo	that the death cer ed by the attendin detached for use	Physician	Part II. Other significant conditions con	tributing to death but not rasulting In	tha undariying cause gi	van in Part I.			bute to the cause of death?
	signed by	by	Significant	Coronary Arte	ry Disea	se	101	'es 2□No 3[Probably 408 Unknown
Records,	aw requ	Completed					24a. Was a		4b. Wara sutopsy findings available prior to completion of cause of death?
							1□ Y	as ZV No	1 □ Yas 22 No
of Vital	Physicien: The this certificate ral director, pag	o Be	25. Was casa rafarred to medical axaminar?	lospital:	Ot Do. Ot	26. Placa of Death			
on of	ng Ph fter thi meral	ition: To	27. Manner of Deeth 1 Matural 5 Panding 2 Accidant investigation		Firme of 28c. Injury Wo	4 LI Nursing Ho		ance 8 □Othar (ow injury occurred	<i>Specity)</i>
Division	of or Atterdes after des Director d in by the	Certification:	3 Suicida 6 Could not be datarmined	28a. Place of Injury - At homa, fall building, etc. (Specify)	rm, straat, factory, office		28f. Location (S City or Tow	treet and Number on, Stata)	or Rural Routa Number,
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completaly filled in by the funeral	edicai	29a. Certifier (Check only one) 1 Certifying Phya 2 Medical Examin	Ilclan: To tha best of my knowledga, ner: On tha basis of axamination and and mannar stated.	, daeth occurred at tha ti d/or investigation, in my o	ima, data and piece, opinion, death occurr	and due to the c ed at tha tima, c	euse(s) and manne lata and place, and	er as stated. dua to tha cause(s)
	To the Com	Σ	29b. Signature end title of certifier	Intern	29c. Licen:			29d. Date signed (A	
			600	,		441614-4	0	August	14, 1996
	10		30. Nama and address of person who con Tarek Warzesson	Herrbor Hosp	Type, Print) ital. Cente	1,3001	South t	lamover St.	, Bultimore, MD, 21
	Sta Registr	- 1	31. Data filed (Month, Day Year) 1. UG 1 5 1996	STATE PORT OF THE PARTY OF THE					

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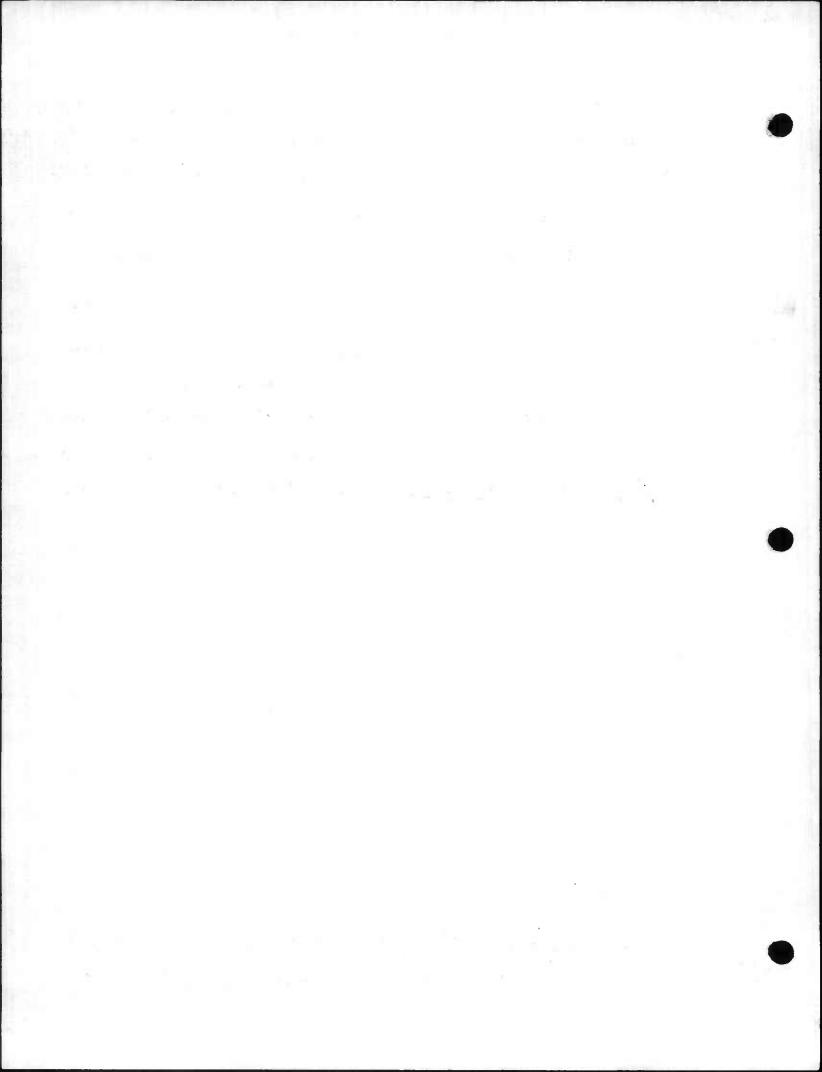
State of Maryland / Department of Health and Mental Hygiene 96

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						Ce	rtificate	e of	Death			Reg. N	lo.	0	ha T	
	Physic		Decedant's Nama (First, Middle, L MARY A.]								2. Data of D Month AUGUST	eath D	ay	Year 1996		:58 pm
	/Medi Examir		4e. Facility Nama (If not institution, garantee JOHNS HOPK)	va street and nur					4b. City, To	own, or Lo	cation of Dea		c. County		10.	. Jo piit
	Funeral Director		5. Sociel Security Number 6. 650-17-0605		7. Aga <i>(In yrs.</i> 55	last birthday Yrs.	Months	1 Year Deys		24 Hrs. Min.	6. Data of B	irth ay. Yea	40	9. Birthp	AROL	ate or Foreign _ INA
	anyland show	2	Usuai Rasidance of Decedant 10a. Stata 10b. County md n/	/ a	10c. Ci	ty, Town or L	ocation BALTI	MOP	F					11		de City Limits
	the M	Director	10e. Street and Number	a			10f. Zip					10a. C	itizan of V	What Coun		1,60 2.0.10
	h with	al Di	1611 N. WOL	FE STREI	ĒΤ				1213				ITED		TES	
21215-0020	ges 1 and 2 should be filed within 72 hours efter death with the Maryland it of Heelth and Mentel Hygiena. If item 27 is marked other than "natural", or items 23a or 28a-f show or other traumatic event, the Madical Examiner must be notified at	by Funeral	11. Marital Stetus 1)(X) Vevar Married 2 Merried 3 Widowed 4 Divorced	12. Wes Dece Armed For 1 ☐ Yas If Yas, Giv Yaar or Da	rcas? 2)(1)(No a	l,S. 13.	Was Deced If Yes, spec	ify Cub	en, Mexical	n, Puarto	ecify Yes or N Rican, atc.)	0-		e - Amaric ck, White, o	etc.	n,
15-0	72 ho	Completed	15. Decedant's E (Specify only highast g			(Give	edant's Usua e kind of wor	k dona	durina mos	it of worki	ing	16b.	Kind of B	usinass/Inc	Justry	
121	within ena. then	Juno	Elamantary/Secondary (0-12) 5 th	Collaga (1	-4or 5+)		nemplo						neve	r wo	rked	-1
	e filed with al Hygiena. other the	Be Co	17. Father's Nama (First, Middle, Las	t)		u	nemp ro	yeu	7	ar's Nama	(First, Middle				1 KCC	
ylar	should be and Mentel marked or umetic eve	To	JAMES HOLLEY	′						ALI	CE JO	HNSO	N			
, Maryland	1 and 2 sho Heelth and em 27 is me		19a. Informant's Name/Ralationship EUNICE A. Mo			16	11 N.	WOL			T., B					213
Baltimore,	permit. Pages 1 and Department of Heelth Important: If Item 27 any injury or other to once.		20a. Mathod of Disposition **Burial 2 Cramation 3 4 Donation 5 Other (Spec		State	Place of Disp cematery, cre BALTIM	matory or of	ther pla	ice) IETERY	1	Data 8-15			MORE,		RYLAND
Ball	pemit. Pege Department of Important: If any injury or once.		21. Signature of Funeral Service Lice	ensee	e S	2	WM. C		ess of Fecili 1ARCH		1101	E. N	IORTH	AV	ENUI	E
			23a. Part1. Entar tha disaasa, or cor shock, or heert feilura. List only	nplications that co y ona causa on a	aused the dam ach lina.	Do not an	ntar tha mode	a of dy	ing, such as	cardiec o	or raspiratory	arrest,	- · <u>-</u> · ·		Approx	Between
P	Physician /Medical Examiner		Immediata Causa (Final diseasa or condition rasulting in daath)	a TOX	IC EP	DERI	MAL	NE	CROL	4519				(1 de	and Death
	ped sit	Examiner		b. SE	E(SIS	or as a conse	equance of):								100	tays
x 68760,	eath certificete be executed attending physician and for use as the buriel-transit	/Medical Exar	Sequantially list conditions, if any, laading to immadiata causa. Entar Undarfying Causa (Disaasa or injury the Initiated evants rasulting in daath) Last	c. As	PIRA	TION or as a conse	PN	EU	MON	IIA				(6 u	oks
Bo	attend for us			0												
, P.O.	that the died by the detached	by Physician	Pert II. Other significant conditions RENAL FAIL	contributing to de	ath but not ras	uiting in tha	undariying ca	ause gi	ven in Pert	l. 			2 X No	ntribute to 3 ☐ Prot		uss of death?
of Vital Records,	requir	Completed b	1	ALBL	_	RIN	FEC	M	N		24a. Wa	s an aut iormed?		COL	allable pi	psy findings rior to n of causa
R	The law ate has b page 2 s	E O	DOWNS SYN	DROM	E						10	Yas	2 X No	10	Yas	2 No
Vita	Physician: The this certificate ral director, pag	Be	25. Was casa rafarred to medical axaminar?	Honeitel. /				100		a of Death	(Check only	one)				
	Phys rthis ral di	To	1 Yas 2 No 27. Mannar of Death	Hospital:		ER/Outpatie		A			ma 5□ Ras 28d. Describe				0	
ion	Attending Ph or death. ector: After th by the luneral	atlor	1 Natural 5 Panding 2 Accident Invastigation	(Mont	h, Day Year)	Injury	М	8c. tnju Wo 1 □	rk?]Yas 2□		101 000 000		, - ,			
Division	교육부리	Certification:	3 Suicida 6 Could not datarmined	1 26a. Place	of Injury - At h	oma, farm, st	treet, factory	, office	K .		26f. Location City or To			er or Rura	l Routa	Number,
	To the Hospital or Attenwithin 24 hours efter deat To the Funeral Director:	edical (29a. Cartifiar (Check only one) 1 Certifying P 2 Medicat Exa	hysictan: To tha miner: On tha be and mann	sis of axamina											ISO(8)
		M	29b. Signature end title of certifier	alm	MD o	INTER	N.		N9 (83				d (Month,		
	3		30. Nama and addrass of person who	complated caus			Deint\	103	Hon.	10 1	tose m	2	Ta.	~	112	
	Sto		31. Dete filed (Month, Day, Year)	HICMF	alstrar's Sign	, U,	UUH	1/>	HOKKI	12	1028111	TL,	100	LEK	110	

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Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

COMPLETED

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96 24224 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest 2. DATE OF DEATH 3. TIME OF DEATH MONTH. 557 M 6. AGE (In yes. 4. SOCIAL SECURITY NUMBER 5 SEY IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 DE YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-- American Indian, White, etc. 1 X Never Merried 2 Merried It yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 1 NO Specify: ΒY 3 Widowed 4 Divorced White COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15 DECEDENT'S EQUICATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only hi Elementery/Secondary (0-12) College (1-4 or 5+) unknown unknown unknown unknown 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surneme) unknown BE unknown 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 5 unknown unknown 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town. State DATE 1 Burlel 2 Cremetion 3 Removal from State
4 Donetion 5 Nother (Specify) STATE 10m. 21. SHOWATURE OF FUNERAL BERVICE LICENSEE ROPALDS 22. NAME AND ACCRESS OF FACILITY
State Anatomy Board-655 W. Baltimore Street Baltimore, Maryland 21201-1559 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart fallura. List only one cause on each line. Interval Batween Onset and Death IMMÉDIATE CAUSE (Finel disesse or condition resulting in death) CONSEQUENCE OF) 2 CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 20. PLACE OF DEATN (Check only one) HOSPITAL: 1 TES 2 DO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 5 - Reeldence 8 - Other (Specify) 27. MANNER OF GEATN 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO В 2 Accident Investigation Sulcide

28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State)

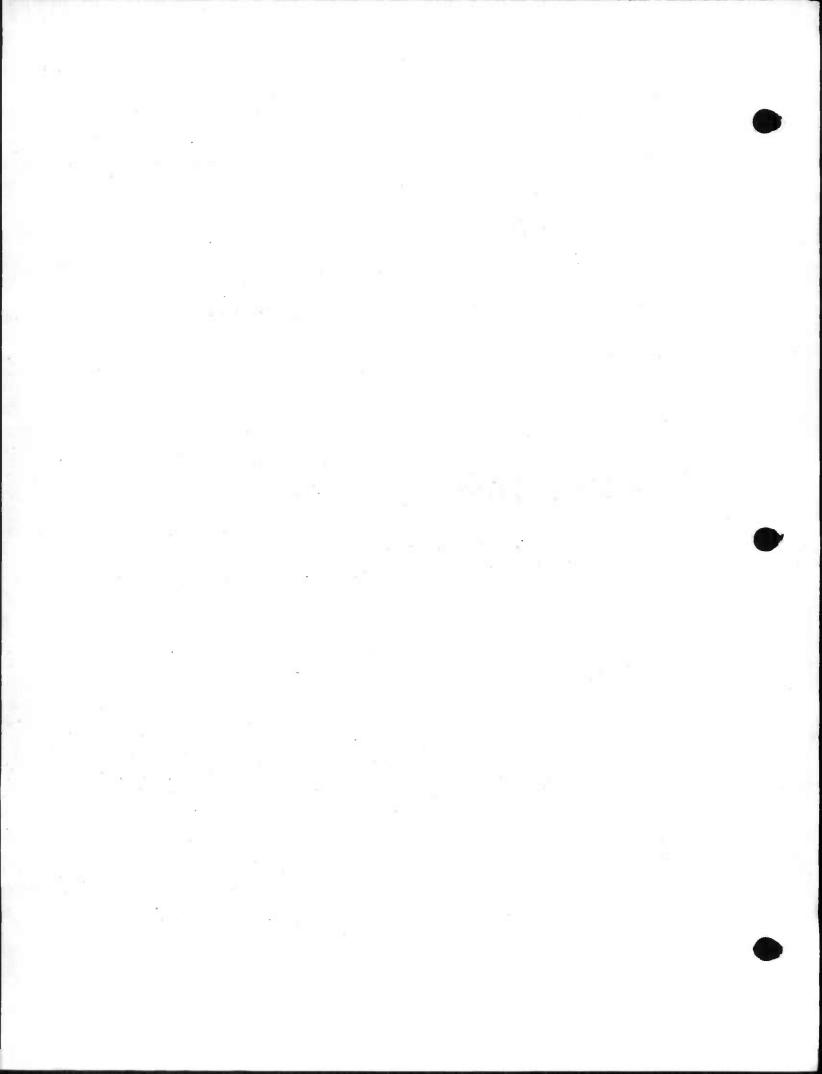
29e. CERTIFIER 1 DEERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. (Check only one)

2 MEDICAL EXAMINER: end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end menner ee stated.

29d. DATE SIGNED (Month, Day, Year) 29b. SIGNATURE AND TITLE OF CERMFIER 29c. LICENSE NUMBER 16

LETED CAUSE OF GEATH (ITEM 27) (Type, Print) OREFIC LENKIR ATON My 32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year) 5 1996 a Trydson AUG 1



State of Maryland / Department of Health and Mental Hygiene 9 6

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death 1996 **Physician** Month WILLIAM H. JOHNSON AUGUST 8, 5:25 PM /Medical 4e. Fecility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner FORT HOWARD BALTIMORE V.A. MEDICAL CENTER Dete of Birth (Month, Day, Year)
JUL. 18, 1915

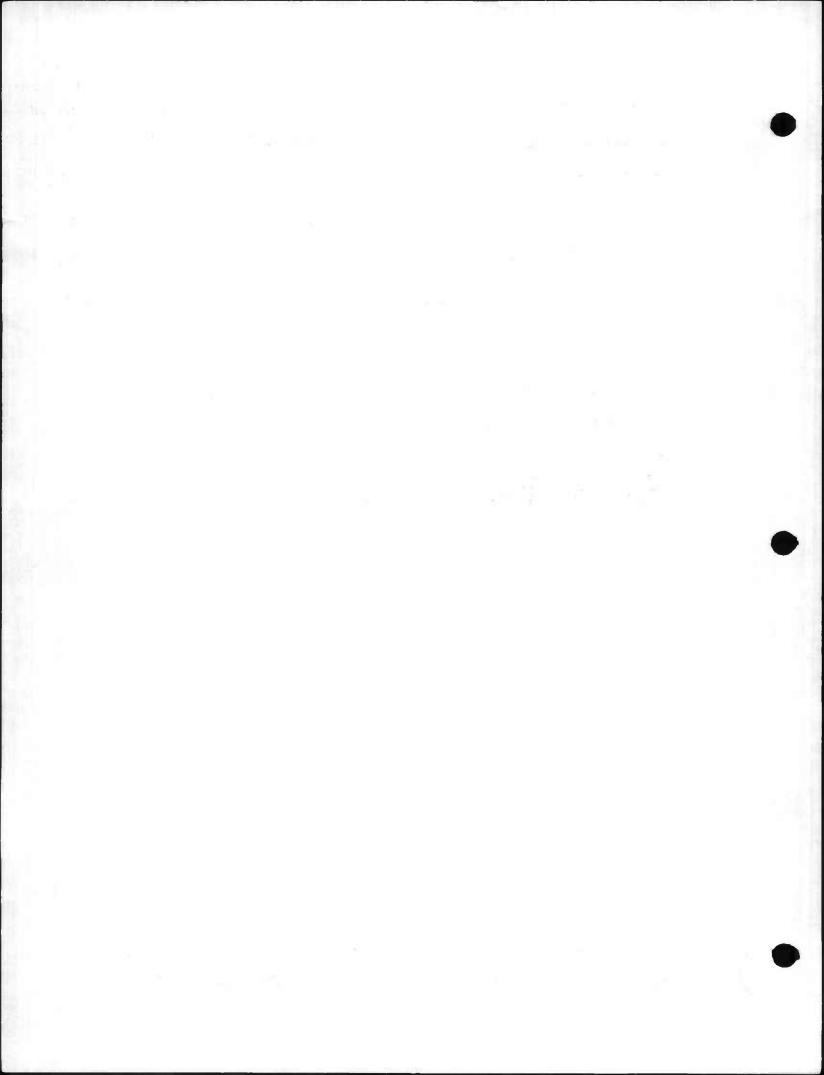
MARYLAND 5. Sociei Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthdey) Birthpiece (State or Foreign Country) **Funeral** Months Deys Hours 1₽M 2□ F 212-10-1045 81 Vrs Director Usual Residence of Decedent 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits r 28a-f show MD n/a BALTIMORE Directo NOVes 2□No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 7 is marked other than "natural", or items 23s or traumstic avent, the Medical Examiner must be a 1817 AIKEN STREET 21213 Funeral UNITED STATES 12. Wes Decedent Ever in U.S. Armed Forces? ARMY 1 DY &s 2 □ No If Yes, Give Yeer or Dates: U N k . 11. Meritel Stetus 13. Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) Reca - American Indian, Bleck, White, etc. 1 Never Merried 2 Merried 1 ☐ Yes \$(No þ Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Hygiene. College (1-4or 5+) LABORER 8 th DAVIDSON TRANSFER permit. Pages 1 and 2 should be file Department of Heelth and Mental Hy Important: If Item 27 is marked othe any injury or other traumatic avent, 20029. 17. Father's Neme (First, Middle, Last) 16. Mother's Neme (First, Middle, Meiden Sumeme) Be WILLIAM 2 JOHNSON FANNIE THORNTON 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) BERTHA M. JOHNSON 1817 AIKEN S TREET, BALTIMORE, MD # 13 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremetion 3 Removel from Stete
4 Donetion 5 Other (Specify) GARRISON FOREST VAICEM. 8-15 OWINGS MILLS. Funerei Service License 22. Name end Address of Facility WM.C. MARCHFH.-1101 E. NORTH AVENUE the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, ock, or heart failure. List only one cause on each line. Approximete Interval Betw Onset and Deeth **Physician** /Medical Immediate Cause (Final CANCER OF LUNG AND PROSTATE MONTHS disease or condition resulting in death) Examiner Due to (or es a consequence of) Examiner Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury thei initiated events resulting in deeth) Last Bnd Due to (or es a consequence of) physician street the burial Physician/Medical Due to (or es e consequence of): ed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? signed by it 1 Yes 2 No 3 Probably 4 Nunknown by 24a. Wes an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? Completed peed 144 D800 2 28 No certificate 1 ☐ Yes 2 ☐ No 25. Was case referred to medical exeminer?
1 ☐ Yes 2 ☒ No 8 26. Placa of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 0 1 Monpatient 2 ☐ ER/Outpatient 3 ☐ DOA 콯 28a. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 26b. Time of 26d. Describe how injury occurred Certification: 28c. Injury et Work? Aftar 1 Neturel 2 Accident 5 Pending 1 Yes 2 No Nospital or Attendi 24 hours after death Funeral Director: A investigation 6 Could not be determined 26e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 26f. Location (Street and Number or Rurel Route Number, City or Town, State) 4 Homicide To the Hospital within 24 hours a To the Funeral D 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical 29e. Certifier (Check only one) 2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and menner stated. 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) Lano lina 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) IVA CAROLINA CUSTODIO, M.D., 9600 NORTH POINT ROAD, FORT HOWARD, MARYLAND 21052 31. Dete filed (Month, Day, Year) AUG 1 5 1996 State

Registrar

filed within 72 hours after death with the Maryland

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O.



State of Maryland / Department of Health and Mental Hygiene

24226 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Deeth **Physician** Gayle Ann Knick August 1996 4:45 AM /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner 1705 Lauterback Road Finksburg Carroll If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Deys Hours Min. (Month, Dey, Year)

March 17, 1958 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (Stele or Foreign Country) **Funeral** Months 1 M 2 XF 220-72-1835 38 Yrs. Director Maryland Usuel Residence of Decedent permit. Peges 1 end 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiena. Important: If Item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Estatination must be notified at 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Directo Md. Carroll Finksburg 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1705 Lauterback Road 21048 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forcas? Wes Decedent of Hispanic Orlgln? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bieck, White, etc. 1 Yes 2 X No If Yes, Give Yeer or Detes: 1 Never Merried 2 Married altimore, Maryland 21215-0020 1□ Yes 2No þ Specify: 3 Widowed 4 Divorced White Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 18b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Supply Co. Office Manager -0-17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Imes Whitcomb Rosianna Ceffalone 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Gordon Knick / husband 1705 Lauterback Rd. Finksburg, Md. 21048 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1XXBuriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Reisterstown. Md. Saints Cemetery 8-14-96 21. Signeture of Funerei Service Licansee 22. Name end Address of Fecility 11824 Reisterstown Road mar owel Eline Funeral Home Reisterstown, Md. 21136 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardlac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Interval Betwe Onset and De **Physician** /Medical immediete Ceuse (Finel disease or condition resulting in death) ADENOCARCINOMA - UNENOWN PRIMARY Examiner Due to (or es e consequence of): Examiner physician end the buriel-transit Sequentially ilst conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or es a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): signed by the e Pert il. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings aveilable prior to completion of cause of death? 24a. Wes an autopsy Completed hes 1 Yes 2 No 1 ☐ Yes 2 No or Attending Physician: effer death, Director: After this certifica funeral director, 25. Wes case referred to medical examiner? Be 26. Place of Death (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Deeth 26a. Dete of Injury (Month, Day Year) 28b. Time of Injury 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending 1 Neturel 1 ☐ Yes 2 ☐ No 2 ☐ Accident Investigation 6 Could not be determined 3 ☐ Suicide Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Pieca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) completely filled in by 4 Homicide To the Hospital or within 24 hours of To the Funeral D 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end manner as steted.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end plece, and due to the cause(s) end menner steted. edical 29a. Certifier 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Pay, Year) 127730 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) Gary I. Cohen, M.D. 6701 North Charles St. Towson, Md. 21204 32. Registrer's Signeture State gra Davidson Randell Registrar

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State of Maryland / Department of Health and Mental Hygiene

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						Certificate o	f Death	Re	eg. No.	C., "1	1 6 6 1
	- Division		1. Decedent's Name (First, Middle, Last	•				2. Dete of Death	h		Time of Desth
	Physic /Medi		John Mertz	Kraushaa	r				Day Ye 10, 1996	ear 2	4:30 AM
)	Exami		4e. Fecility Neme (If not institution, give	street and number)			4b. City, Town, o	Location of Deeth	4c. County of I		
			8255 Elvaton Roa	d			Glen Bu	rnie	Anne i	Arunde	el
	Funerai	Г	5. Sociel Securify Number 6. Se			Months Day			Year) 9.	Birthplace	(Stete or Foreign
	Director		214-01-1495 Usual Residence of Decedent	X M 2□ F 8:	3	Yrs.	710010		, 1913 M		
	ahow	_	10a. Stete 10b. County			n or Location					nside City Limits
	e Me	5	Maryland Anne A	rundel		Glen Burnie	∋			1	☐ Yes 2 ☑ No
	filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or items 23a or 28a-f show ent, the Medical Examinar must be notited at	Funeral Director	10a. Street and Number 8255 Elvaton Roa	đ		10f. Zip Code	21061	10	Og. Citizen of Whs United		5
	dea	ner	11. Marital Stetus	12. Was Decedent Ever in Armed Forces?	U,S.	13. Was Decedent of	f Hispenic Origin? (uban, Mexican, Pue	Specify Yes or No-		American in White, etc.	dlen,
Maryland 21215-0020	ours afte al', or it Examin	by	1 ☐ Never Merried 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	1 Syes 2 No If Yes, Give Year or Dates: WW	II	1□ Yes 2□ N		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Specify:		nite
2	72 hc	ted	15. Decedent's Edu (Specify only highest grad	ication	18a.	Decedent's Usual Occ (Give kind of work don	upation	advis a	16b. Kind of Buain	ess/Induatry	1
7	ithin Be.	Completed	Elementary/Secondery (0-12)	College (1-4or 5+)	-	life. DO NOT use reti	red)	DIKING			
2	filed within Hygiene.	Co	6		Cl	othes Desig			Clothin	g	
ng L	should be filed nd Mental Hygi marked other imatic event,	Be	17. Father's Name (First, Middle, Last)				18. Mother's Na	ame (First, Middle, N	faiden Surname)		
$\frac{8}{2}$	12 should be f h and Mental H le marked of raumatic eve	2	John M. Kraushaa	r			Mami	e E. Hick	ey		
a	2 4 5 4		19a. Informant's Name/Relationship (T)			. Mailing Address (Stre			_		a)
	Health Health Jem 27 I		Anna M. Kraushaa			8255 Elvato	on Road				
Baltimore,	permit. Pages 1 and Department of Health important: if item 27 any injury or other to		20a. Method of Disposition 1 Burial 2 □ Cremetion 3 □ F 4 □ Donatlon 5 □ Other (Specify)	Removal from State	cemete	f Disposition (Name of ry, cremetory or other p Haven Mem.	•		20c. Location - City Glen Bi		
a	Departr Pepartr Imports any inju		21. Signeture of Funeral Service Licens			22. Name and Add	ress of Fecility				
D	89 E 2 8		Mux Co	augh		421 Crain		uneral Ho		21061	1
F			23a. Pert1. Enter the disease, or complishock, or heart failure. List only or	icetions that caused the de	eth. Do i					Appr	roximate rvsl Between
	Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	ASCUD	20.00 1/202						et and Deeth
		ē		Due to	(or as e	consequence of):					
	d d ansit	Examiner). — — — — — — — — — — — — — — — — — — —	(0.000	consequence of):				i	
'n	sath certificate be executed attending physician and for use as the burial-transit		Sequentially list conditions, if sny, leading to immediate cause. Enter Underlying	Due to	(01 65 4 1	consequence ory.				1	
68/60,	ysicle	cal	cause. Enter Underlying Cause (Diseese or Injury that initiated events	Due to	oras e o	consequenca of):				-	
ĝ	g ph	Medical	resulting in death) Last		, o. a. o	551155q551154 51).				ĺ	
ROX	endir use	No.		J	-						
	death se atter	SICI	Part II. Other significant conditions con	ntributing to death but not re	sulting in	the underlying cause	given in Part I.	23b. Did to	bacco uss contril	buts to the	causs of death
7. 5.	t the	Physician/						1 🗆 Yı	8 2 No 3	☐ Probably	4 Unknow
	es that igned b	by						-			
Records,	been s	Completed						24a. Was ar perform	n autopsy 2- ned?	evaileble	utopsy findings e prior to tion of cause
	0 - 6	E						1 □ Ye	s 2 No	1 🗆 Yes	
VIII		0	25. Was case referred to medical				28 Place of D	eath (Check only one		12 100	20110
>		ToB	examiner?	fospital:	⊒ ER/Ou	stpatient 3 DOA	Whore	Home 5 ☐ Reside		Specify)	
o			27. Menper of Death	28a. Date of Injury (Month, Day Year)	28b.]	Time of 28c. In		28d. Describe ho		Specify)	
0	Attanding Ir death. Ector: After by the funer	atio	1 ☑ Netural 5 ☐ Pending 2 ☐ Accident Investigation	(Month, Day Year)	11		ronk? □ Yes 2 □ No				
DIVISION	or Attand after death Director: d in by the	Certification:	3 Sulcide 6 Could not be determined	28e. Plece of Injury - At building, etc. (Spec	home, fa	rm, street, factory, offic	0	28f. Location (Str City or Town	reet and Number o , Stete)	or Rural Rou	te Number,
-	Hospita 24 Journ Panera stely fille	edical C	29a. Certifier (Check only one) 1 Certifying Phys	sicisn: To the best of my kn	owledge etion an	, death occurred at the d/or investigation, in my	time, date and place opinion, death occ	ea, and due to the ca curred at the time, da	use(s) end manne ite and placa, and	er as stated. due to lhe o	cause(s)
1	1 1 1	Мес	29b. Signature/and title of certifier	end manner stated.		29c 1 ice	nse number	20	d. Date signed (N	fonth. Dav	Year)
	1 1 8		▶ (DOQUELL BALL	MIN		1	101 111		Alla	10	1991
,	5		may way	6		<i>y</i>	-10010		wy	10/1	IW
	IVA		30. Name and address of person who do	det (le	m 23a) (Odenton	20640 Ud 21	113	U		
	Sta	te	AUG 1 5 1996	32 Spokmolycodo	ajili a	-					

DHMH 16 Rsv 6/95

BALTIMORE, MARYLAND 21215-0020

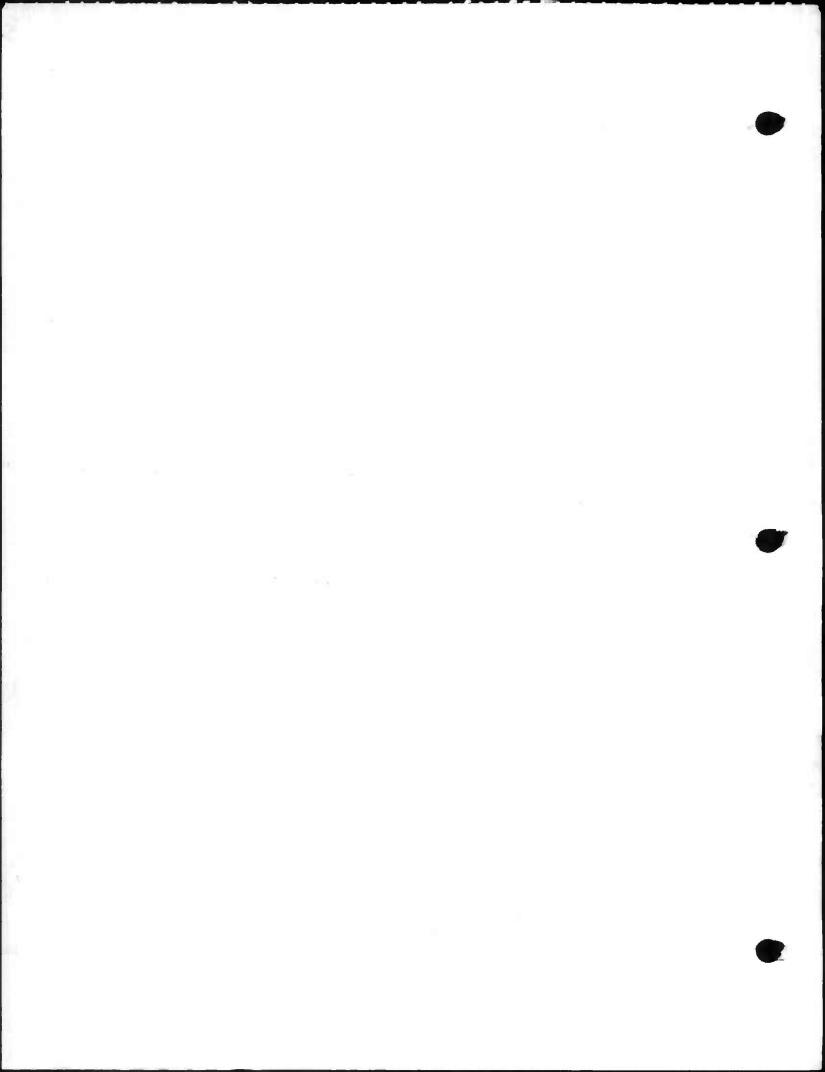
DIVISION OF VITAL RECORDS, P.O. BOX 68760

examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
r death. Page 6 may be retained by the hospital or attending physician.	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.

31. DATE FILED (Mopth, Day, Year)
AUG 1 5 1996

32. REGISTRAR'S FIGHER

									96	2	4228	
	1 - FOR STATE REGISTRAR	STATE OF MA	ARYLAND /	DEPART RTIFI	MENT OF H	EALTH AND DEATH		YGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) Louisa Lentz						2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH					
							AUGUS	T 12	3 10	196	12.38 A M	
	4. SOCIAL SECURITY NUMBER 214-24-9018	1 🗆 M 2 💢 F	6. AGE (In yrs. last		MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, Da March	29, 1	919	a. BIRTH Count UNKN	HPLACE (State or Foreign try) LOWYL	
~	9a. FACILITY NAME (If not institution, give st					R LOCATION OF DE	EATH			NTY OF D		
DIRECTOR	Union Memorial He	JSPICAL			Baltim	ore City			n	one		
EC	10a. STATE 10b. COUNTY	ION	10d. INSIDE CITY									
	Maryland none	Baltimor	e.e.					LIMITS?				
FUNERAL	100. STREET AND NUMBER 1717 Bank Street	21213	13 10g. CITIZEN OF WNAT COUNTRY?									
S S	11, MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARN		13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (S	pecify Yes	or No-	t4. RACI	E — American Indian, k, White, etc.	
BY	1 Never Married 2 Married 3 XWidowed 4 Divorced	IF YES, GIVE WAI	R OR DATES UN			2 X NO Specif		1, etc.)		Spec	m.White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(G/v	EDENT'S Use kind of we Do NOT use	JSUAL OCCUPATIO ork done during mos retired.)	ON st of working	16b. KIN	D OF BUS	BUSINESS/INDUSTRY			
MPI		known.	unk	nown				un	know	n		
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA						
BE	UNIZNOWN 190. INFORMANT'S NAME (Type/Print)	_	106	MAILING	DDB566 (O		rown" N					
2	Nancy Phiefer/Dau	ahtor	1 11	nknou	225 S	nd Number of Rural Washingt	on Stree	t Bal	timor	e, MD	21231	
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State											
	4 (X Donation 5 Other (Specify)											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Ronald S. Wade, Dir. 22. NAME AND ADDRESS OF FACILITY State Anatomy Board-655 W. Baltimore Street											
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate											
	Approximate interview are described for example and the destribed of the mode of dying, such as cardiec or respiratory after a proximate interval Between immediate CAUSE (Finel CAUSE (Finel CAUSE)).											
											104000	
1	resulting in desth) a. Chronic Gronchitis DUE TO (OR AS A CONSEQUENCE OF): 1 Oyeare											
NO	Sequentially list conditions, b. Ischemic heart disease 10 years											
AT	if sny, lesding to immediate cause. Enter UNDERLYING	002 10 10	N AS A CONSECU	DENCE OF	į.						0	
띮	CAUSE (Disesse or injury that initieted events											
CERTIFICATION	resulting in deeth) LAST a. consessive heart failure										10 years	
_	PART II. Other algolificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS											
PHYSICIAN: MEDICAL	50							PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
E I	1 YES 2 (P/NO OF DEATH?										OF DEATH? 1 YES 2 NO	
Z.	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN I											
CIA	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)											
YSI	EXAMINENT 1 YES 2 NO NO HOSPITAL: 1 Mepatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)											
	27. MANNER OF DEATH 1 Natural 5 Pending	OF 28c. INJU	RK?	28d. DESCRIE	CURED							
B	2 Accident Investigation		ES 2 NO	281 LOCATIO	281 J CCATION (Comet and Mumber or Dural Doub Mumber							
TED	3 Suicide 8 Could not be determined 28e PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, atreet, factory, office City or Town, Stete) 28e. LOCATION (Street and Number or Bural Route Number of Rural Route Number of Rural Route Number of Town, Stete)									Notice Notices,		
COMPLET		CIAN: To the best of m									a) and manner as stated.	
	296. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUM	MBER		29d DAT	F SIGNED	(Month Day Year)	
TO BE	2. UEHA,		AT-24	3894	6	► AL	16us	T 12 1969				
	30. NAME AND ADDRESS OF PERSON WAS	COMPLETED CAUSE	OF DEATH (ITEM	27) (Type, 1	Print)	NEUN	INI PV	WIN	ΩΔι	T 1	WN 21214	
	31 DATE FILED (Month One Very)	22 DECIGTRAD	e diducation	10>1	11111/2	212.01	114-11	747	אחכו	1)!	IDCICIO	



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3 Time of Death Month **Physician** Aug 4a. Facility Nama (If not institution, giva street and number) /Medical Death 4b. City. Town, or Location 4c. County of Death Examiner Catonsville Community Convalescent Center OALTIMORE Catonsville If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth
Month, Day, 5. Social Sacurity Number 6 Sax 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** Days 1 M 2 KF 214-20-7267 90 Director Feb 1906 Maryland Usual Rasidence of Dacedent death with the Maryland 10a. Stata 10b. Counts 10c. City, Town or Location itam 27 is marked other than "natural", or itema 23a or 28a-f show other traumatic event, the Modical Examiner must be notified at 10d. Insida City Limits Maryland N/A Baltimore NXYas 2 □ No Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 4910 Cedargarden Road 21229 U.S.A. Funeral 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☑No If Yas, Giva Yaar or Datas: 13. Was Decedant of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxicen, Puarto Ricen, atc.) 14. Race - Amarican Indian, 11. Marital Status Biack, Whita, atc. permit. Peges 1 and 2 should be filed within 72 hours after Department of Heelth and Mentel Hygione. Important: If itsm 27 is marked other than "natural", or ite any injury or other traumatic event, the Medical Exempter. 1 ☐ Nevar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yas 2 TNo White Specify: Specify P 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedant's Education (Specify only highast grads completed) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry Eiemantery/Secondary (0-12) Coilaga (1-4or 5+) Sales Clerk Dept.Store 17. Fathar'a Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) Be John Wesley Zang Bertha Mae Forsyth 2 19e. Informant'a Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Betty A. Gibbons (daughter) 6018 Black Friars Circle, Catonsville, MD 21228 20b. Place of Disposition (Nama of cematary, crematory or othar place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 Burial 2 ☐ Cremation 3 ☐ Removal from Stata Loudon Park Cemetery 8/15/96 4 ☐ Donation 5 ☐ Othar (Specify) Baltimore, MD 21. Signature of Funaral Sarvice Licensaa 22. Nama and Addrass of Facility HUBBARD FUNERAL HOME, INC. 4107 Wilkens Ave, Baltimore, 21229 O6 no 23a. Part 1. Enter the disease or complications that ceused the death. Do not antar the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one ceuse on each line. Approximata Interval Between Onset and Death **Physician** Immediata Causa (Final diseasa or condition rasulting in daath) /Medical a. Ch Porice OBS-RUETIVE HAWAY DISEASE
Dua to (or as a consequence of): Examiner probio/Accure Disense (Examiner attending physician and for use es the burlel-transit certificate be executed Sequentially list conditions, if any, leading to immediate causa. Entar Undarlying Cause (Disaasa or injury that initiated earth. ecords, P.O. Box 68760. Physician/Medical thet initiated evants reaulting in death) Last Dua to (or as a consequence of): ed by the s detached i Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Honknown that à 8 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed 1 Yas 2 No 1 ☐ Yas 2 ☐ No Division of Vital director, 25. Was case rafarred to medicel axamire? Be 26. Placa of Death (Check only ona) Hospitai: Othar: 4 Dursing Homa 5 Rasidance 8 Othar (Specify) 1 Nas 2□ No 2 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Data of Injury (Month, Day Year) funeral i or Attending Pt efter death. Director: After th 27. Manner of Death 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred Certification: 5 Panding invastigation 1 Yas 2 No 2 ☐ Accident the 8 Could not ba detarmined 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 3 ☐ Suicida 28a. Place of Injury - At homa, farm, atreat, factory, office building, etc. (Specify) filled in by 4 Homicida 24 hours e Hospital Certifying Physician: To the best of my knowledge, death occurred at the time, date end piace, and due to the cause(s) and manner as atted.

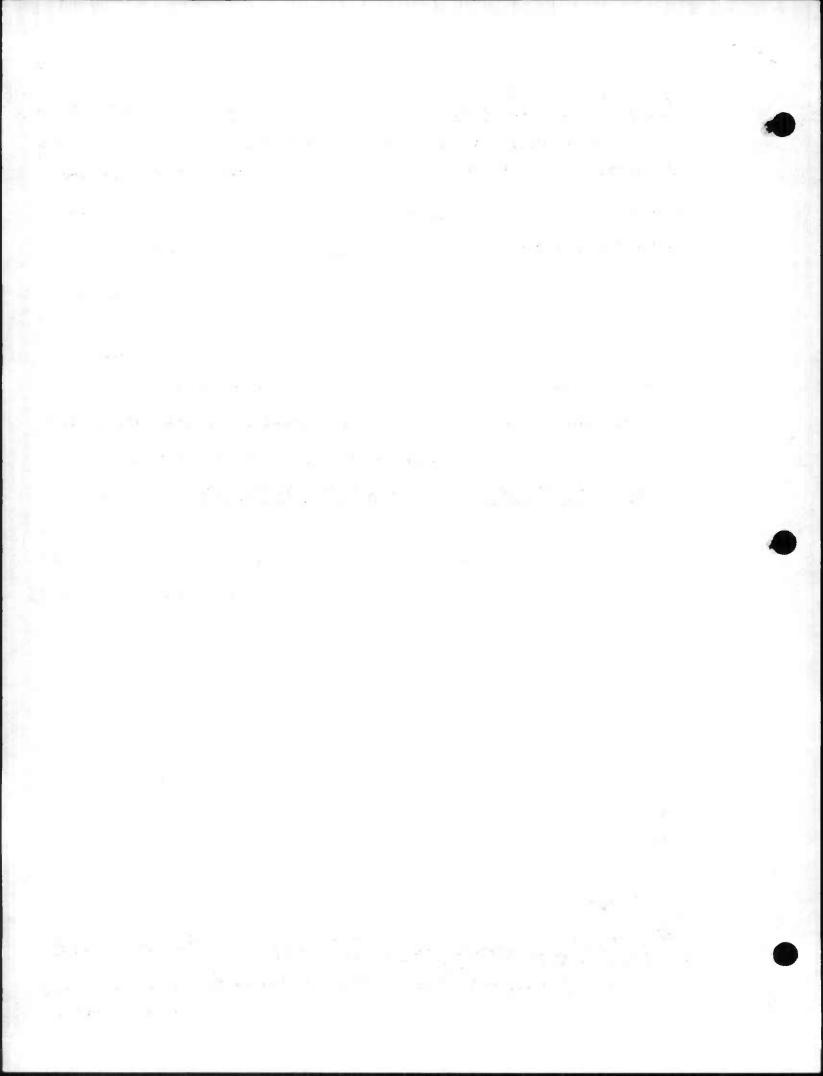
Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner steted.

Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner steted. Medical pletely To the Vithin 2 29c. Licansa number am 23a) (Type, Print) 405 FROLOREX AVE-CATONS 31. Data filed (Month, Day,

State Registrar

5 1996

AUG1



ITEM: 4. PER F'.H. F'ILM _ Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 6 G-739 9/17/96 t.t Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Tim f th ^{Dey} 1996 Month **Physician** Elizabeth Mae Lynch Aug. 11, 11:30AM /Medical 4a. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 2411 Watervale Rd. Fallston Harford if Under 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Secial Security Number 219-14-1365 If Undar 1 Yaar Months Deys 7. Aga (In yrs. lest birthday) **Funeral** Birthplece (Steta or Foreign Country) 1 ☐ M 2 🛛 F 72 Mar.27,1924 Director Magnolia, Md. Usuel Residence of Decedent death with the Maryland 10b. County 10c. City, Town or Location 10d. Insida City Limits r than "natural", or items 23s or 28s-f shore the Medical Examiner must be notified at Harford 1 ☐ Yes 2X No Directo Maryland Fallston 10e, Street and Number 10f. Zip Code 10g. Citizan of What Country? 2411 Watervale Road 21047 U.S.A. 12. Was Dacedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yas, Giva 11 Marital Status Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien. Bieck, White, etc. filed within 72 hours aftar. Hygiane. other than "natural; or ite 1 Never Married 2 Merried 1 ☐ Yes 2 ☒ No Specify: þ Specify: 3 ☑ Widowed 4 ☐ Divorced White 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filed v
Department of Health and Mental Hygier
Important: If Item 27 is marked other th
any injury or other traumatic event, Its
once. 11 Administrative Clerk U.S.Government 17. Fether's Neme (First, Middle, Last) 18 Mother's Neme (First Middle Meiden Sumeme) John T. Oakley Fredericka Rembold 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Mrs.Marie A. Fisch (Neice) 304 Kimrick Place Timonium, Md. 21093 20b. Piece of Disposition (Name of camatery, cramatory or other piece)

Metro Crematory 8-12-96

St. John's Church Cem. (LG) 8/17/96 20e. Method of Disposition 20c. Location - City or Town, Stata 1 ☐ Buriel 2 ☑ Cremetion 3 ☐ Removei from State Catonsville Md. Hydes, Md. 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Facility 21. Signeture of Funaral Sarvice Lice E.F.Lassahn Funeral Home assaks 11750 Belair Road Kingsville Md.21087 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or haart feilure. List only one cause on each lina. Approximete Intervel Between Onset end Deeth Physician /Medical Immediate Ceuse (Finel CHRONIC OBSTRUCTIVE PULMONARY DISEASE 10 years disaase or condition resulting in deeth) **Examiner** Due to (or as e consequence of) Examiner that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initieted events resulting in deeth) Lest attanding physician and for use as the bunal-tran Due to (or es e consequença of): Physician/Medical the Due to (or as a consequence of): ed by the a Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the ceuse of death? signed by t 1 Yee 2 No 3 Probably 4 Unknown Generalized Atherosclerosis þ 24b. Were autopsy findings eveilable prior to completion of causa of death? 24e. Wes en eutopsy performed? Completed CORONARY ARTERY DISEASE peeu i certificate has b 1 Yes 2 No 25. Wes case referred to medical exeminer? Be 26. Plece of Death (Check only one) Hospital: Other: 4 ☐ Nursing Home 5 ☐ Residenca 8 ☐ Other (Specify) 1 Yas 2 No 2 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of injury (Month, Dey Year) 27. Menner of Deeth Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 Neturel 1 ☐ Yes 2 ☐ No 2 Accident 3 ☐ Suicide 6 Could not be determined 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide

P.O. Box 68760, Records, Vital 6 ivision ò Hospital 24 hours 24 hours To the To To the Complet

altimore, Maryland 21215-0020

Registrar

Medical

29a. Certifier (Check only one)

29b. Signature and title of certifier

29c. Licansa number D35012

Cortifying Phyeician: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) and menner stated.

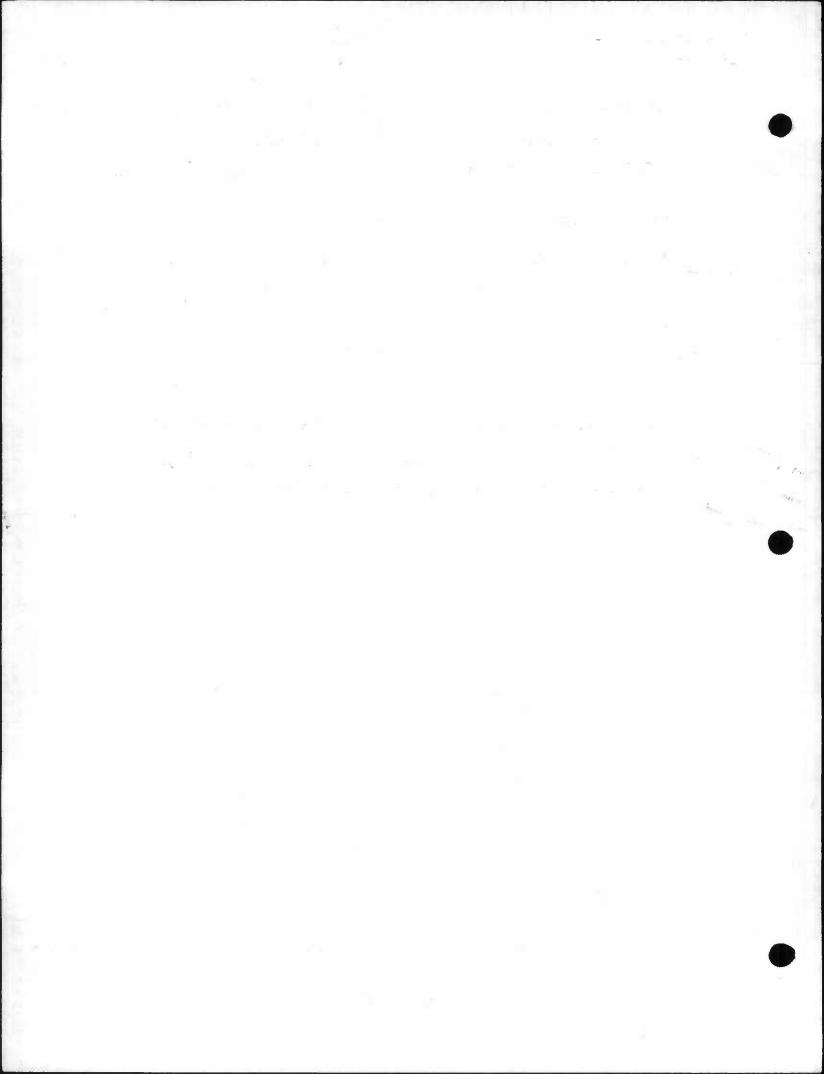
29d. Data signed (Month, Day, Yeer) AUGUST 11, 1996

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

Bel Air, Md. 21014 KEVIN LYNCH JOHN 2 NORTH AVE

31. Dete fiied (Month, Dey, Year) AUG1





3. TIME OF DEATH

AGATH OF DEATH PAY 31986

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Gilbert

Frances

	212-20-6223		5, SEX	6. AGE (In yrs. Ia:		IF UNDER 1 YE		MIN.	(Month, Day, Ye	iar)	Country)	ACE (State o		
]	9a. FACILITY NAME (If not institution, give s			/0		96, CITY, TOV	VN OR LOCAT	ION OF D	ISept 30		Balti		MD	
E C	3715 Coror		emocativo de			Balti		.5.1 51 51	ervill		altimo		137	
DIRECTOR	MESIDENCE OF DEC			-	100 CITY					1 0				
Ĕ	MD Baltimore City					Baltimore 10d. INSIDE CILIMITS? 11/2 YES 2								
	10e. STREET AND NUMBER	- y] Dai	CHILDI	10f. ZIP COD	Œ		10g. CI	TIZEN OF WN	1.5				
TED BY FUNERAL	3715 Coror	nado Ro	1				212	244		1	USA			
	11. MARITAL STATUS 1 Never Married 2 3 Widowed MC Divi	NT EVER IN U.S. AI		If you		en, Mexica	NIC ORIGIN? (Speci en, Puerte Ricen, et fy:		14. RACE — Black, V Specify: Whi	American In White, atc.	ndian,			
	15. DE((Specify on	/ (0	DECEDENT'S USUAL OCCUPATION Give kind of work done during most of working to. Do NOT use retired, 1											
	Elementary/Secondary (+)	ite Sa		-		Milk company							
TO BE COMPLET	17. FATHER'S NAME (First, A Willia		18. MOTHER'S NAME (First, Middle, Maiden Surname) Edith Eades											
	198. INFORMANT'S NAME (Type:Print) Jacqueline J. Buxton 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 302 Estate Rd., Reisterstown, MD 21136													
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State													
	Lake View Memorial Park 8/16/96 Sykesville, MD													
	22. NAME AND ADDRESS OF FACILITY 11824 Reisterstown Rd Eline funeral Home Reisterstown, MD 21136													
BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):													
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO												OF CAUSE	
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN TO													
	EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Regidence 6 Other /Specific)													
	27. MANNES OF DEATH 1 Natural 5	28b. TIME INJU	RY	INJURY AT WORK?	28d. DESCRIBE	HOW INJURY O	INJURY OCCURED							
כובה	2 Accident Investigation 3 Suicide 8 Could not be daterminad 28e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)													
COMPLE	ann) and		ICIAN: To the best of									ind manner i	na stated.	
IO BE C	29b. SIGNATURE AND TITL 30. MAME AND ADDRESS (cle	10 COMPLETED CAL	JSE OF DEATH (ITI	EM 27) (1900)	ela	290,110	CENSE NU	9383	29d, D	ATE SIGNED (A	Jones Day, W	y) 12/	
	31. DATE FILED (Month, Day, Year) AUG 1 5 1996 Girla Davidson-Randess											mod		

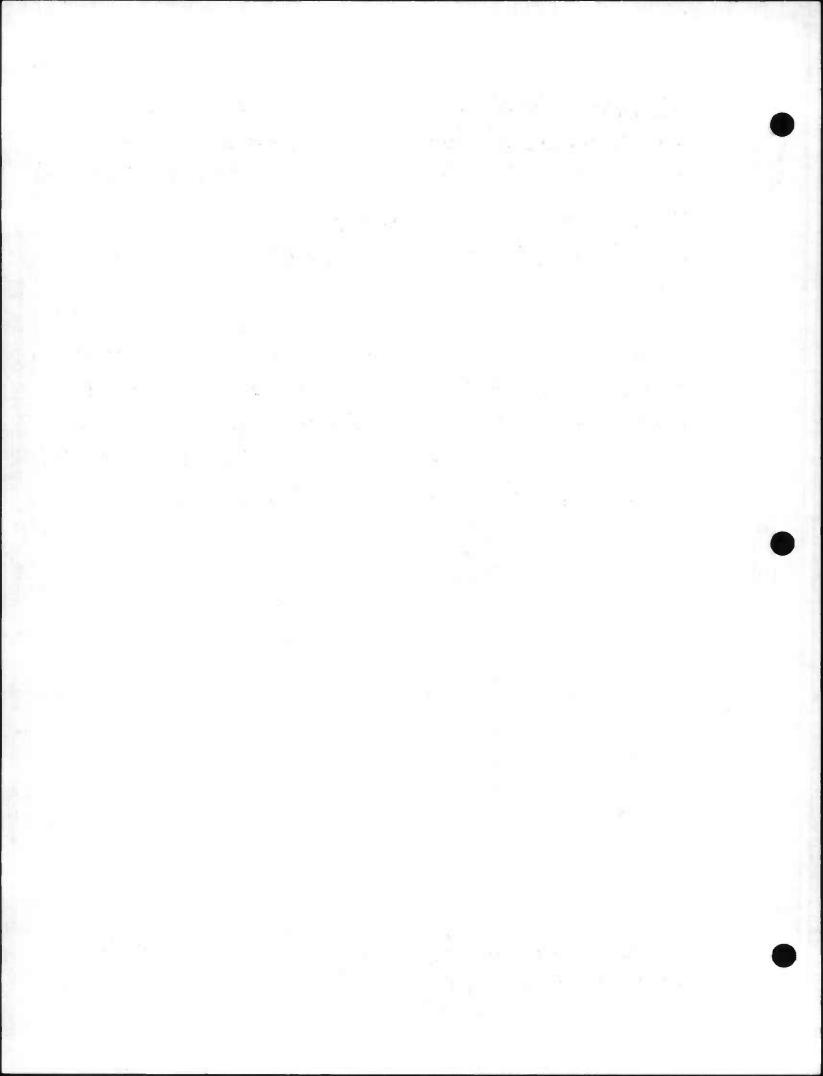
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

McNamara

DHMH-16 Rev 1/89

State of Maryland / Department of Health and Mental Hygiene 96 21, 222

				, , , , , , , , , , , , , , , , , , , ,	Certifica	ate of Death		Reg. No.	0 21	1232			
ľ	Physic	ian	1. Decedent's Nama (First, Middle, Last	11-11-11			2. Deta of De		Year 3	Tima of Death			
	/Medi	cal	4a. Facility Name (If not inglitution, give	YCIVEIII		4b. City, Town, or	AUG.	8 190	16	6. d 1 PM			
7	Examir	ner	607 N Ayay	sta Av	0	Bal	timar		NA				
	Funeral		5. Sociel Security Number 6. Sa	7. Age (In yrs.	Month	dar 1 Year ff Undar 24 Hrs		h V. Year)	9. Birthplace	(State or Foreign			
L	Director		Usuel Rasidence of Decedent	38	Yrs.		April	15,1958	Mary	land			
	how		10a. State 10b. County		Insida City Limits								
	the Marylar 28a-f ehow roulfed at	ecto	Maryland N/	1	Saltim	lore				1 Yas 2 No			
		Funeral Director	10e. Street end Number	sta Aug) 10f. :	Zip Coda 2/2/9		10g. Citizen of V	What Country?				
		nera	11. Marital Status	12. Was Decedant Evar In U	J,S. 13. Was De	cedant of Hispenic Origin? (S pecify Cuben, Maxican, Puerl	pecify Yas or No	- 14. Rac	e - American I	ndlan,			
20	8 6 E	by Fu	1 Nevar Merried 2 Merried	Armed Forces? 1 ☐ Yes 2 0 No If Yas, Giva		2 No Specify:	to rican, etc.)	Specify	ck, White, etc.				
5-0020	n 72 hours naturel',	ed b	3 ☐ Widowed 4 ☐ Divorced 15. Decedant's Edu	Yaar or Detes:	16a. Decedent's U	suel Occupation		16b. Kind of Bu	Nec	110			
21215	d within 7. gione. r than "n	Completed	(Specify only highest grade Elamantary/Secondery (0-12)	le completed) Collega (1-4or 5+)	(Give kind of life. DO NO1	work done during most of wo	rking /	0	. ,	c			
d 21	e filed wal Hygier other th	Co	17 Fathar's Nama (First, Middle, Last)	2	Human	1 Service	HIGE ma (First, Middle,	SOCI	al.	service			
lan	Mental Mental arked o	To Be	Rufus 1	nc Noill		Lilly		nc A11	stor	-			
Maryland	2 should be and Mentale marked	-	19a. Informant's Name/Ralationship (Ty	pe, Print)	19b. Mailing Addre	sss (Street and Number or Ri	ıral Route Numb	w, City or Town,	State, Zip Co.	de)			
_	s 1 and 2 should be filed of Health and Mental Hyg frem 27 ie marked othe other treumatic event,		20e. Mathod of Disposition	46111	QO'/ N	Augusta +	Ve. F	Salto,	Ma.	21229			
Baltimore,	90- 2		1 Burial 2 □ Cremation 3 □ R 4 □ Donation 5 □ Other (Specify)	Ramovel from Stata	cemetery, cremetery of	r other place)	8/13/96	Ba /+	n.	M			
altii	permit. Page Department (Important: If any Injury or		21. Signaturii Pot Funeral Service Vidensi		32 Name	and Address of Facility	1 / 1	Dull	01 00	i i i i			
00	88888		Joseph	I. Kus	1 222	on Worth	Ave.	Salto.	Md.2	1216			
			23a. Part1. Enter the disease, or compli shock, or heart failure. List only or	callions that caused the dea ne cause on each line.	th. Do not antar tha m	oda of dying, such as cardiad	or raspiratory a	rest,	Inte	proximete arval Batween sat and Death			
	Physician /Medicai		Immediata Cause (Final diseasa or condition	TERMIN	Al AT	TDS				KNOWN			
ı	Examiner		rasulting In death)		or as a consequance of	of):			IVIN	Mond			
	nsit	Examiner		, WAST	ING S	YNDROM &				- 17			
ó	death certificate be executed e ettending physician and of for use as the burial-transit		Sequentially list conditions, if eny, leading to immediate cause. Entar Underlying Cause (Disease or injury	Dua to (Dua to (or as a consequence of): /								
68760,	ate be ohysici the bu	edical	Cause (Disease or injury that initiated evants rasulting in deeth) Last	Dua to (c	or as e consequenca o	(f):							
	2 O 4	VMe		J									
. Box	death e etter	Iclar	Part II. Other significant conditions con	ntributing to death but not re-	sulting In the underlying	Cause Given In Part f	29h Did	obacco use cor	atribute to the	cause of death?			
P.0	iras that the death cer signed by the ettendir d be deteched for use	Physician/M					1 🗆	. /		y 4 Unknown			
	signed d be d	by			<u></u>		Die Wes		24h Ware s	autopsy findings			
Records,	The law requiras that the ate has been signed by the page 2 should be deteched.	Completed					perfo	an autopsy med?	availab	ole prior to etion of causa th?			
I Re	The law te has vage 2	Juo.					10	as 2 No	1 □ Ya				
Vital		Be	25. Was casa referred to medical axaminar?	. 3/6 /									
Po	를 를 들	. To	1 ☐ Yas 2 No		ER/Outpatient 3		Ioma 5 Aask						
on	te t	atlon	1 Destural 5 Pending 2 Accidant Invastigation	28a. Data of Injury (Month, Dey Year) 28b. Tima of 28c. Injury at Work? M 1 Yas 2 No						ad			
Division	r Atter ter des rector	Certification:	3 Suicide 6 Could not be datarmined	28a. Place of fnjury - At h building, etc. (Specia	oma, farm, street, fact	ory, office	28f. Location (S City or Tox	Street and Numb	er or Aural Ao	ute Number,			
۵	pital o		20a Cartifier 15/Cartifier Div					4.					
	To the Hospital or Attending Ph within 24 hours efter death. To the Funeral Director: After thi completely filled in by the funeral	edical	29a. Cartifier (Check only one) 1 ☑ Certifying Phys 2 ☐ Medical Examir	ner: On the best of my kno ner: On the basis of axamina and mannar stated.	tion and/or invastigati	ed at tha time, date and plece on, in my opinion, death occu	rred et tha tima,	ause(s) and me deta end place, (end dua to tha	causa(s)			
	Withii To the comp	ž	29b. Signatura and titla of certifiar	1000	1 0	29c. Licanse number		29d. Dete signed	Month, Dey,	Year)			
	~		Namel a	wilde of	fael, MD	04771	7	8/12	176				
211	16		30. Nama and address of person who co	mpleted cause of deeth (Itel	hy23a) (Type, Print) BLT (MOR	ZE, MD, O	2120)						
	Sta	_	31. Data filed (Month, Dey, Year)	La Laures Projection	2006								
	Registr	ar	AUG 1 5 1996 7	*									



State of Maryland / Department of Health and Mental Hygiene

24233

11.5						Cei	rtificate d	of I	Death			Reg. No.			
			1. Decedent's Neme (First, Middle, Last)								2. Dete of Death Month Day Ye			3. Time of Deeth	
	Physic /Med		MARIA MICHAEL								AUGUST 13		Year	10:10 P	
	/iviedi Examii		4a. Fecility Neme (If not institution, give street and number)					4b. City, Town, or Location of I					nty of Deeth		
7	LXuiiii	101	SAINT JOSEPH	MEDICAL C	'ENTE	D		TOWSON, MARYLAND					ATMI	MODE	
	Funeral				e (In yrs. les		If Under 1 Ye	eer	If Under 2	4 Hrs.	8. Dete of Bi	rth		MORE	
3	Director		213-80-5608	1□M 2□(F	39	Yrs.	Months De	eys	Hours	Min.	May A	25,1907	Pale	plece (Stete or Foreign into): Stine	
			Usuel Residence of Decedent								riag .	20,1007	, 410		
	anylan ehow	tor	10a. State 10b. County		10c. City,	Town or Lo	cation							10d. Inside City Limits	
	Mar Mar		Maryland N/A Baltimore										1 X Yes 2 □ No		
	r 28a-f	Directo	10e. Street end Number 10f. Zip Code 10g. Citizen of								f What Cou	intry?			
	th with the Maryla 23s or 28s-f ehor un be notified at	Ö	3302 E. Northern Parkway 21206						Palestine						
	items 2	Funeral	11. Maritel Stetus 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.)							0- 14. R	14. Rece - American Indien,				
0	or ite	F	1 X Never Merried 2 ☐ Merried	1 ☐ Yes 2 X 1	1 ☐ Yes 2 🕅 No If Yes, Give 1 ☐ Yes 2 🖾 No Yeer or Detes:				uben, Mexican, Puerto Rican, etc.)			В	leck, White	, etc.	
Maryland 21215-0020	within 72 hours after death with the Maryland ene. than 'natural', or items 23s or 28s-f show he Medical Examiner must be notified at	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Detes:				No Specify:				Spec	ite		
9	72 hours natural',	Completed	15. Decedent's	Education				cup	etion	110000		16b. Kind ot	Business/ii	ndustry	
21	hin 7	ple	(Specify only highest g Elementary/Secondery (0-12)	rade completed) Coilege (1-4or 5	life, DO NOT			one d	during most)	of worki	ng				
2	77 75 1	DO.	9	College (1-401 c	Homemaker							0wn			
B	e filed al Hygi other vent, n	BeC	17. Fether's Neme (First, Middle, Las	st)					18. Mother	's Neme	First, Middle	, Meiden Sum	eme)		
10	fental fental ked o	0	Boudros Micha	el					Ward	leh	eh Jagab				
a	s 1 and 2 should be filed f Heelth and Mental Hyg tem 27 is marked othe other traumatic event,	F	19e. Intorment's Neme/Reletionship	(Type, Print)		19b. Meilin	ng Address (Str	reet	and Number	or Rura	I Route Numi	nber, City or Town, State, Zip Code)			
Σ	nd 2 sith a 27 is		Fahed Michael/Br	other		1107 Hampton			Garth	To	wson. I	Marylan	d 212	86	
e,	of He of		20e. Method of Disposition		20b. Pled	ce of Disposition (Name of					Dete	20c. Location - City o			
90	age fr: If I		1 Burial 2 Cremetion 3			cemetery, cremetory or other particles of Faith Cerr					/17/96	Possvi 11	Rossville, Marylar		
Baltimore,	permit. Pages 1 end 2 Department of Heelth a Important: If item 27 is any injury or other tra once.								9			nard J. Ruck Funeral Home.			
Ba	Depa Impo any ir													,	
_			Buan G. Wellen 5305 Harford Road Baltimore, Maryland 21214											+	
			23a. Pert1. Enter the diseese, or co- shock, or heert feilure. List onl	mplications that caused y one cause on each lir	the deeth. ne.	Do not ente	er the mode of	ayın	g, such es d	ardiec c	or respiratory	errest,	i	Approximete Intervel Between	
	Physician		Immediate Cause (Finei disease or condition resulting In death) • ACUTE MYOCARDIAL INFARCTION											Onset end Deeth	
1	/Medical Examiner														
ш		_	Tooling in about,		Due to (or e										
	po #	all a	b								1				
	certificate be executed ding physician and ise as the burial-transit	xan													
60,	cian buria		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	C											
68760,	ohysi the	edical	that initiated events resulting in deeth) Lest Due to (or es e consequence ot):									i			
9 ×	ling i	/Me	d.												
Box	6 2	lan		d									i		
	0 0 2	Physician	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i.									ontribute	ontribute to the cause of death?		
P.0	that the led by the detache	Ph	CONGRESTIVE HEART PATROKE								3 □ Pro				
	the d	by													
5	requires been sign should be	Completed								24a. Wes			24b. V	ere eutopsy tindings valleble prior to	
S	aw 2 sl	ple						completion of death?							
m.		mo								1 □ Yes 2 X 0 No 1 □				□ Yes 2 No	
ta		Be	25. Wes case reterred to medicai			26. Place of Deeth (Ch					Check only				
of Vital Records,	Physicien: this certific ral director,	To	examiner?	Hospitel: 12 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (5							ther (Spec	(f _V)			
	는 문을		27. Manner of Deeth	28e. Dete of Injur	ry 28	b. Time of		njury				how Injury occ		,	
Division	or Attending Fatter death. Sirector: After in by the funer	atio	1 Netural 5 ☐ Pending 2 ☐ Accident investigation	(Month, De)	(Year)	Injury			ork? □Yes 2□No						
115	or Attendi after death Director: A I in by the f	fica	3 Sulcide 6 Could not	4 286. Piece of inju	ury - At home	e, ferm, str	eet, factory, offi	ice		1		(Street and Number or Rural Route Number,			
S	or A after Direction	Certification:	## 4 ☐ Homicide building, etc. (Specify) City or Town, Stete									wn, Stete)			
/			29e. Certifier 1X Certifying P	hysician: To the best of	of my knowle	dae deeth	occurred at the	e tim	e. dete end	piece.	and due to the	ceuse(s) and	menner as	stated	
,	# 2 m	edical	(Check only 2 Medicat Exa	mtner: On the basis of end menner ste	examinetion	end/or inv	restigetion, In m	ny or	pinion, deeth	occurr	ed et the time	dete end piec	e, and due	to the cause(s)	
J	Auto	₹	29b. Signeture end title of certitier	1			29c. Lic	ense	number			29d. Dete sign	ned (Month	Day, Year)	
_	1411		C. I								13-				
,	1	-	-		1 d	-)	37254	ŀ		٥	1)	10	
-	4		30. Name and eddress of person who		eath (Item 23	3a) (Type, I									
	1		BOON P. LIM, M	D., 762	O YO	RK R	DAD,	T	WSON	, MA	RYLAN	D 2120	14		
	Sta		31. Dete filed (Month, Dey, Year) AUG 1 5 1996	reve Davideor	Acerda										
	· Registr	ar	VART - 1930 0		0 206	-									

vegigge higs

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 Film G738 item 23a per Dr. 8-15-96 rja Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Jessie Elizabeth Meyer 1996 Aug 1. 5:30 AM /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Stella Maris TOWSON BALTIMORE if Under 1 Year 5. Social Security Number 6 Sex 7. Age (In yrs. lest birthday) if Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) **Funeral** Birthplace (State or Foreign Country) 1 M 2 F Months Deys Hours Director 217-07-0203 96 Feb.20,1900 MARYLAND Usual Residence of Decedent a or 28a-f show 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits MARYLAND

10e. Street and BALTIMORE TOWSON 1 ☐ Yes ▼□ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? mark p 2300 Dulaney Valley Rd. 21204 Funerai USA 12. Wes Decedent Ever In U.S. Armed Forces? 11. Marital Status Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien. other traumatic event, the Medical Examiner Black, White, etc. 1 ☐ Never Married 2 ☐ Married ☐ Yes 2X No Yes, Give 6 1 ☐ Yes 2 ▼ No Specify: þ Specify: 3 ☐Widowed 4 ☐ Divorced WHITE Year or Dates Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry I Hygiene. Eiementary/Secondary (0-12) Coilege (1-4or 5+) 12 n/a Secretary Insurance Industry 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Be Pages 1 and 2 should be finent of Health and Mental I ant: If item 27 is marked or Joseph Albert Stup 2 Martha Bond Roe 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zlp Code) Joan M. Carter 36 Sherwood Rd., Cockeysville, MD 21030 20b. Piace of Disposition (Neme of 20a. Method of Disposition 20c. Location - City or Town, Stete permit. Pages to Department of Himportant: If ite eny injury or ot otice. cemetery, crematory or other piece) 1 N Buriai 2 ☐ Cremetion 3 ☐ Removal from State AUG 4 ☐ Donation 5 ☐ Other (Specify) Woodlawn Cemetery Woodlawn, MD 21 Signature of Europa Sarvige 22. Name and Address of Fecility Lemmon Funeral Home of Dulaney Valley, Inc. 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest.

10 W. Padonia Rd., Timonium, MD 21093 shock, or heart failure. List only one ceuse on each line. Approximate Intervat Between Onset end Death **Physician** tmmediate Ceuse (F disease or condition resulting in death) /Medical STROKE nmediate Ceuse (Finat 6 months Examiner Due to (or es e consequence of): Examiner Thrombotic cerebrovascular accident Sequentielly list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury Due to (or as a consequence of): Physician/Medicai that initiated events resulting In deeth) Last Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings evallable prior to Completed 24e. Was an autopsy performed? completion of cause of deeth? 1 ☐ Yes 2 No 1 Yes Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) ٩ 1 Yes 2 No Wursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred

P.O. Box 68760. Records,

The law requires that the death certificate be executed and the burial-tra ed by the attending physician detached for use as the buria signed by page 2 should be certificate has ital

the Maryland

with 1

tems!

"netural"

filed within 72 hours after death

Maryland 21215-0020

Baltimore,

Certification:

27. Manner of Death 2 Accident

3 ☐ Sulcide 4 Homicide 29a. Certifier (Check only one)

5 Pending investigation

6 Could not be determined

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

1 ☐ Yes 2 ☐ No

29c. License number

28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 🏿 Certifying Physician: To the best of my knowledge, death occurred et the time, dete and place, and due to the cause(s) end manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated.

29b. Signeture end title of certifier

32543

29d. Dete signed (Month, Dey, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

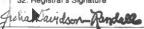
une a st

Mark R. Stromberg, M.D., 7505 Osler Drive, #410, Balto., MD 21204 31. Date filed (Month, Day, Year) 32. Registrar's Signature

State Registrar

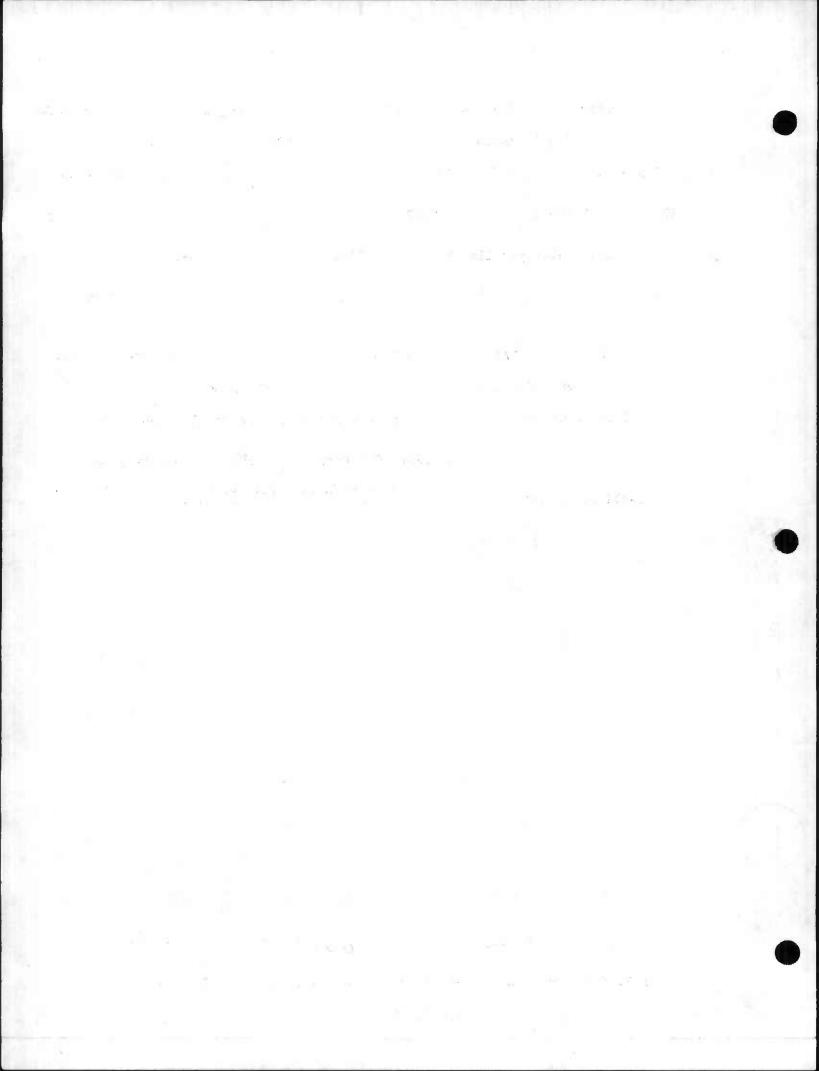
Medical

AUG 1 5 1996



Hospital 24 hours

within 2 the state



3. TIME OF DEATH

7:50 P.

DHMH-16 Rev 1/89

8. BIRTHPLACE (State or Foreign Country)

Connecticut

REG. NO.

13,

1939

1996

9c. COUNTY OF DEATH

2. DATE OF DEATH MONTH August 1

7. DATE OF BIRTH (Month, Day, Year)
June 2,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should

FOR STATE REGISTRAR

WILLIAM

4. SOCIAL SECURITY NUMBER

049-28-7887

8

1. DECEDENT'S NAME (First, Middle, Last)

9a. FACILITY NAME (If not institution, give street and number)

ARTHUR

5. SEX

1 🕅 M 2 🗌 F

	СТОВ	Stella Mar		pice			To	wson			Ва	ltimo	re
	ш	10a, STATE	106. COUNTY	7		10c. CITY, TO	WN OR L	DCATION				10	Dd. INSIDE CITY
	DIR	Maryland	Ba1	timore		Coc	keys	ville					LIMITS?
	AL	10e, STREET AND NUMBER						101. ZIP CODE			10g. CIT	IZEN OF WH	AT COUNTRY?
	FUNERAL	2 Garston	Court,	apt F				21030				USA	
	BY	11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Divo		12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 XNC	IED)	If yes	DECENDENT OF HISPA s, specify Cuben, Mexic YES 2 X NO Spec	an, Puerlo		or No—		- American Indian, White, atc. White
	9		EDENT'S EDU			EDENT'S USU		PATION g most of working	16	b. KIND OF BUS	SINESS/INI	DUSTRY	
_	COMPLET	Elementary/Secondary (6	0-12)	College (1-4 or 5+) 4	Me. L	Do NOT use ret	Ired.)	gineer		Gove	ernme	ent	
OUC	00	17, FATHER'S NAME (First, M	liddle, Last)					18. MOTHER'S N	AME (First,	Middle, Maiden	Sumame)		
at at	BE	John		M	icCor			Elber					kers
be notified at once.	0	19a. INFORMANT'S NAME (reet and Number or Rura					01000
pe n		Mrs. Carol					-	t., apt F		ckeysvi		_	21030
r must		1 Buriel 2 X Crematic 4 Donation 8 Other	on 3 🗆 Rem	oval from State Cer	netery, crem	nd date of di netory or other p Crema	tory			1/		ille,	
al. examiner must		21. SIGNATURE OF FUNERA	W. Cla	v. Clary	4		Le	mmon Fune W. Padon	ral l		moni	um, M	D 21093
or other traumatic event, the medical	ERTIFICATION	23. PART I. Enter the Beesse, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrast, shoot, or early fellure. List only one cause or each line. IMMEDIATE CAUSE (pinel disease or condition) resulting in death) NOSM PLUCEU LUNG CANCER DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											Approximate Interval Between Onset and Death O
Dept. of Health and Mental 123 shows any injury, o	MEDICAL C	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN											
State D	SICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL;	26. PLACE	OF DEATH (heck only	one)					
6 8	>	1 TES 2 NO		t Inpetient 2 ER/Out 28s. DATE OF INJURY	patient 3	DOA 4	Nursing	Home 5 - Rasidence	_			SPICE	
death with a	ВУ РН	Natural 5	Pending Investigation	(Month, Day, Year)		28b. TIME OF	M 1	WORK?	28d. DI	EŞCRIBE HOW I	NJURY OC	CURED	
after d	TED		Could not be determined	28a. PLACE OF INJUR' building, stc. (Spe	Y — At hom ecify)	ne, farm, stree	t, factory,	offica	281. LO	CATION (Street a y or Town, State)	and Numbe	r or Rural Rou	ite Number,
hin 72 hours NT: If Item	COMPLE	one!		ICIAN: To the best of my know									nd menner as stated.
filed within PORTANT:	ш	296 SIGNATURE AND TITLE	OF CERTIFIE	Coo		_		29c. LICENSE NU	JMBER		29d, DA1	TE SIGNED (A	forth, Day, Year)
be filed within IMPORTANT:	TO B	30. NAME AND ADDRESS O	F PERSON WH	O COMPLETED CAUSE OF DE	LLV EATH (ITEM	27) (Type, Prin	re)	NA51	43		• •	8/14	196
		DR. KENDALL	FAULK	NER 2300 DU	LANE	Y VALI	EY F	D., TOWSO	N, M	D 2120	04	•	
		AUG 1 5 1	996	32. HEGIST AR'S SI	STORE DE								-

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

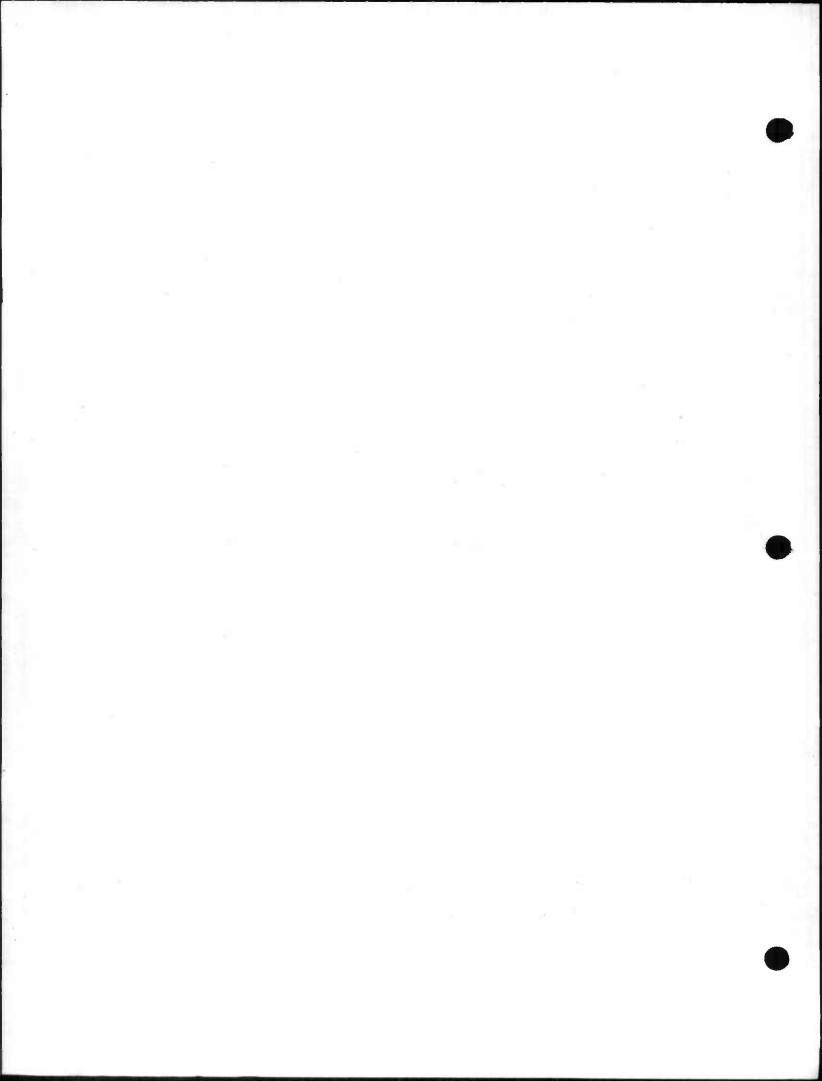
IF UNDER 1 YEAR

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

McCORMACK

57



Director

Be Completed by Funeral

0

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / D

epartment of	Health	and	Mental	Hygiene	
0 1:0:					

24236

Physician
/Medical
Examiner

Funeral Director

28a-f show ns 23a or 28a-f show items 23a

Pages 1 and 2 should be filled within 72 hours efter deeth nent of Health and Mental Hygiene. permit. Pages 1 and 2 should be filed within 72 hours efter of Depertment of Health and Mental Hygiene. Infortant: if fem 27 is marked other than "natural", or frem any injury or other traumetic event, the Manical Evantment and place. Baltimore, Maryland 21215-0020

Physician /Medical **Examiner**

Physician/Medical Examiner or Attending Physician: The law requires that the death certificate be executed attending physician end for use es the bunal-tran ыте nes been signed by the page 2 should be deteched Be Completed by Certification: To After this in by the funerel death. Director:

Division of Vital Records, P.O. Box 68760,

				0	zililica	ie oi	Dealli			Reg. No.				
1. Decedent's Na	me (First, Middl	le, Last)							2. Date of De		Yeer	3. Time of Death		
DARNE	T. T.	MΔ	DDOX	TP					AUGUS'		1996	02:14 A		
		n, give street and n		11/0			4b. City, To	own, or Lo	ocation of Death		ntv of Death	THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O		
1721 H	ADTEM	7 27E												
5. Sociel Security		6. Sex	7. Age (In yrs	net hirthda	u) If Linds	er 1 Year	BALT		8. Date of Birt			re City		
212-92-		1⊠M 2□F	18		Months		Hours	Min.	(Month, Da	V. Year) - 78	9. Birth	place (State or Foreign intry) MD		
Usual Residence	of Decedent													
10a. State	10b. County		10c. C	city, Town or I	Locetion							10d. Inside City Limits		
MD		N/A		Balt	imor	e C	ity		1 ★ Yes 2 □					
10e. Street and Number 10f. Zip Code 10g. Citizen of What Country?												intry?		
2003	Riding	Crop W	av				2124	4		TT	C A	,		
11. Marital Status		-	cedent Ever in	118 12	Was Door	adont of I	diamenia Ori	ining (Co.	naifu Van an Na		S.A. Raca-Ameri	lees Indian		
	rried 2 Marr	Armed F	orces?	0,3.	If Yes, spe	ecify Cub	an, Mexicar	n, Puerto	ecify Yes or No- Rican, etc.)		Black, White			
	4 ☐ Divorcad	H Ves G			1 🗆 Yes	2 🔀 No	Specify:			Spe	city: D	1 o o le		
-	15. Deceden		Dates.	Black 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry										
	scify only highes	st grade completed)	(Giv	e kind of w	ork done	r business/ir	ndustry						
Elementary/Sec 12th Gr	condary (0-12)	College	(1-4or 5+)	,,,,,	Wai		0)			Resta	uran	t		
17. Fether's Name		Last)				001	18. Mothe	er's Neme	e (First, Middle,					
Darne:	ll Made	dox, Sr							dget W					
19a. Informant's i	Vame/Relations	hip (Type, Print)		19b. Mai	iling Addres	s (Street	and Numbi		al Route Numbe			in Code)		
		ite/Motl	ner		_							MD 21244		
20a. Method of Di				Placa of Disp cemetery, cri	position (Na	me of			Dete	20c. Locatio				
	5 Other (S)	3 Removel from pecify)	State		,	,	,	· v 8	-13-96	Ra1	timo	re City		
21. Signature of F	uneral Service	Licensee_	11		22. Name a				13 70	במע	. CIMO.	ic orty		
1	mi 1.	Par	11		Irv	in l	Ca.	rro	11 Fun		Home			
23a Parti Enter	the disease or	complications that	coureed the dea	th Do not o	1/1	2W	Nor	th	Avenue	1111		A		
shock, or he	ert failure. List	only one cause on	each line.	iii. Do not ei	nter the mo	de or dyn	ig, such es	Cardiac C	or respiretory ar	rest,		Approximete Interval Between Onsel and Death		
Immediate Cause disease or conditi	on	. 51	RANG.	JUATIO	(M									
resulting In death)		a.		or as a conse		:				-		-		
Sequentially list o	onditions	b. ——	Due to (or as a conse	equence of)									
f eny, leeding to I	mmediate				4	*								

cause. Enter Underlying Cause (Disease or Injury thet Initiated events resulting in death) Last

Due to (or as a consequence of):

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contributa to the causs of death? 1 Yes 2 No 3 Probably 4 Unknown

24a. Was en eutopsy performed?

24b. Were autopsy findings evallable prior to completion of cause of death?

1 Yes 26. Place of Death (Check only one) 1 Yes 2 No

25. Was case referred to medical examiner? 1 Yes 2 No

5 Pending Investigation

6 Could not be determined

28e. Date of Injury (Month, Day Year) 28b. Time of 7-96 ~0130AM

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

Other: 4 ☐ Nursing Home ★ Residence 6 ☐ Other (Specify) 28c. Injury at Work? 1 Yes 2 No

28d. Describe how injury occurred SUBJECT WAS

RESIDENCE 29a. Certifier

Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, State) 1701 HARLEMANT, BRUTHOKE HO

27. Manner of Death

1 Naturel

2 Accident

3 Sulcide

41 Homleide

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and menner es stated.

**Madical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. License number 29d. Date signed (Month, Dey, Year)

29b. Signature and title of certifier

OCME

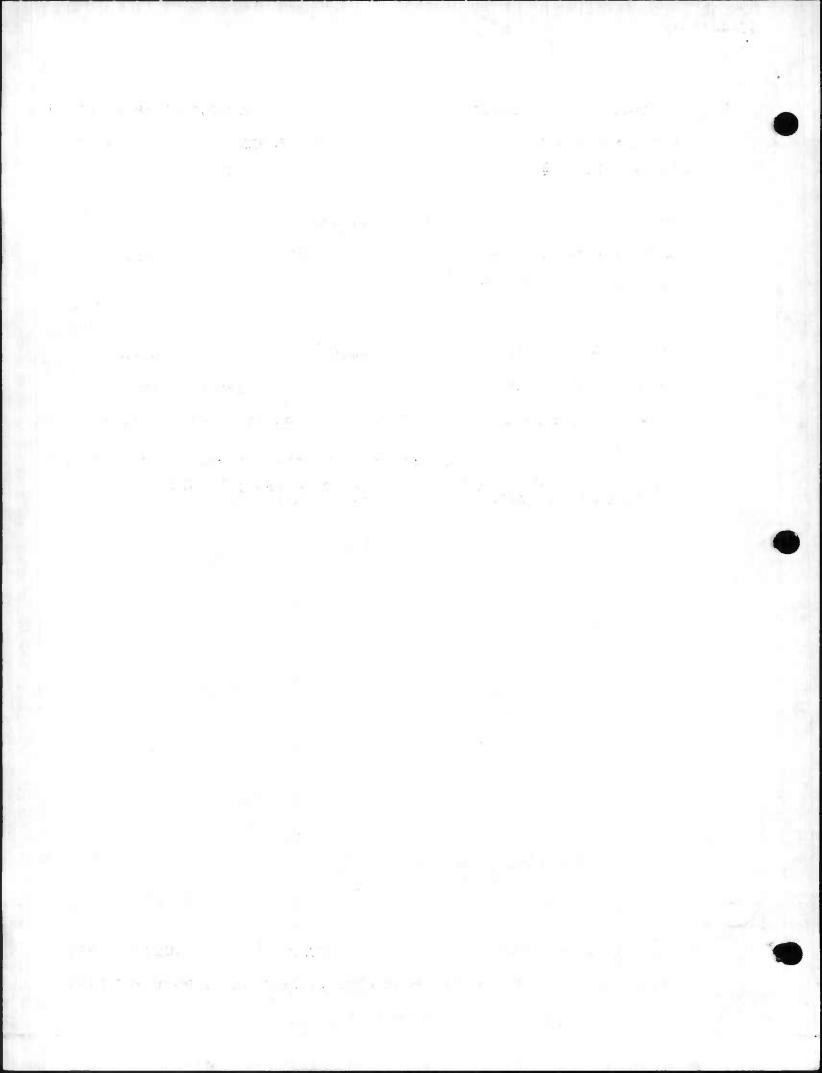
AUGUST 08,1996

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

Maryland 21201

31. Date filed (Month, Day, Year) State Registrar





State of Maryland / Department of Health and Mental Hygiene 96

ne 96 2423

						Ce	rtificate	of	Death	7		Reg. No.				
	Dharata		1. Decadant's Neme (First, Middle,	.ast)							2. Dete of De Month	eeth Dey	Yeer	3. Time of Deeth		
	Physic /Medi		THOMAS ALL	AN	PHILL	IPS					AUGU		996	0:42 A		
	Exami		4e. Facility Neme (If not institution, g	ive street and n	um ber)				4b. City, T	own, or Lo	ocation of Dee	1	y of Death			
			NATIONAL NAV	AL MED	ICAL	CENTER			BET	HESI	DA	MC	NTGO	DMERY		
	Funeral		5. Sociel Security Number 6	Sex	7. Age (In yi	s. last birthday)	If Under 1			r 24 Hrs.	8. Dete of Bi	rth	T	plece (State or Foreign ntry)		
	Director		448-12-2382	} ØXM 2□ F	7	3 Yrs.	Months	Deys	Hours	Min.	Dec . 2	1922	ahoma			
	P .		Usual Residence of Decedent													
	ehow	-	10a. Stete 10b. County		10c. (City, Town or Lo	cation							10d. Inside City Limits		
	e M	5	Virginia Staf	ford		Staffor	d							1 ☐ Yes 2 🛣 No		
	E 2 4	- E	10e. Street and Number				10f. Zip (ode				10g. Citizen of	What Cou	ntry?		
	72 hours after deeth with the Maryland natural, or items 23a or 28s-f show deal Examiner must be notified at	Funeral Director	1311 Washington	Drive			22	2554	4			USA				
	r dec	Ine	11. Maritel Stetus	Armed F	cedent Ever In orces?	U,S. 13.	Was Decede	nt of H	lispanic O	rlgin? (Sp	ecify Yes or N Rican, etc.)		ce - Ameri	can Indien,		
20	of H	F	1 ☐ Never Merried 2 Married		2 No		1□Yes 2		Specify		-31042		y: Whi			
8	iral,	d by	3 Widowed 4 Divorced	Yeer or I	Detes:1942	2-1962			,,,,,							
21215-0020	ges 1 and 2 should be filed within 72 hours it of Health and Mental Hyglene. If item 27 is marked other than "natural", or other traumatic event, the Medical Exa	Completed	15. Decedent's (Specify only highest of)	16a. Dece (Give	dent's Usuel kind of work DO NOT use	Occup done	oation during mo	st of work	ing	16b. Kind of E				
12	filed within Hyglene. ther than ent, the Me	du	Elemantary/Secondery (0-12)	College	(1-4or 5+)	life.	DO NOT use	retire	d)					f Columbia		
	filed with Hyglene. ther than	ပိ	G. E. D. 17. Fether's Nema (First, Middle, La	-41		Kitch	en Su	er			- (Final) of date			orrections		
ano	ould be fi Mental H arked ot	Be		•							e (FIFST, MIDDIE	, Maiden Surna	me)			
Ž	should be filed within and Mental Hyglene. I marked other than umatic event, the M	10	William L. Phil	_						nown						
Maryland	12 sho h and is me raum		19e. Informant's Name/Relationship									er, City or Town				
	of Health item 27 other tr		Ruby Legatha Ph	llips/W		1311	Wash	ng	ton D	rive		ord, VA				
Ö	Pages nent of hunt: If ite		20e. Method of Disposition 1 X Buriel 2 ☐ Cremetion 3	☐Removel from		complant cra	matory or off	ar nla	ce)		Dete	20c. Location	- City or T	own, Stete		
Ë	P P P		4 Donation 5 Other (Spec	cify)	- C	rlingto emetery					8/19/96	Arlino	ton.	Virginia_		
Baltimore,	permit. Pege Department of Important: If any Injury or once.		21. Signeture of Funerel Service Lic	ensee NO	0022	7 22	2. Neme end	Addre	ss of Fecil	lity Mu	llins 8	Thomps	on Fu	meral		
ш	205 2 2		Kolvert R.	Caus	ew	S	ervice	, :	186 S	helt	on Shop	Road,	Staff	tord. VA		
			23e. Pert1. Enter the diseese, or co shock, or heert feilure. List on	mplications that	caused the de	eth. Do not an	ar the mode	of dylr	ng, such as	s cardiec	or respiratory	errest,		Approximate Interval Between		
	Physician		and on the strength. Election	y 0110 00000 011	ocor inc.								1	Onset end Deeth		
-1	/Medical		Immedieta Cause (Finel diseese or condition	TS	СНЕМТ	ממאט ב	TOMVO	DΛ	עטיד				!			
	Examiner		rasulting in deeth)	e. I 5	e. ISCHEMIC CARDIOMYOPATHY Dua to (or as a consequence of):											
	D 5	ner														
	ertificate be executed Jing physician end se es the buriel-trensit	Examiner	Sequentially list conditions,	b	Due to	(or es e consec	quence of):									
Ő,	e e e e e e e e e e e e e e e e e e e		Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury										į			
68760,	ate b hysic the b	Medical	thet initieted events resulting in death) Lest	C	Due to	(or es e consec	uence of):						1			
9 x	ng b	Mec											1			
Bo	0 2 4	an/		d												
	requires that the deeth seen signed by the atter hould be detached for u	Physician	Pert II. Other significant conditions	contributing to c	leath but not re	esulting In the u	ndarlying ca	ıse giv	en In Pert	1.	23b. Did	tobacco use co	ontribute t	to the cause of death?		
P.0	at the de	F									1□	Yes 2 No	3 ☐ Pro	bably 4 Unknow		
	es that igned be be det	by												/1		
Records,	been si										24a. Wes	an autopsy ormed?		ere autopsy findings vailable prior to		
သို	s been 2 shoul	ple									po		CC	ompletion of cause deeth?		
	The lew ate hes b page 2 s	Completed									1 🗆	Yes 20 No	11	☐ Yes 2☐ No		
ta		BeC	25. Was case refarred to madical						26 Plac	e of Deet	h (Check only	20.000	1 ''	2.00 2.010		
of Vital	Physician: this certific ral director,	0	axaminer? 1 ☐ Yes XCXNo	Hospitel:	Inpatient 2	☐ ER/Outpetier	nt 3 DO	Oth	or.			Idence 6 Ot	her (Sneci	ih/)		
0	Physeral eral	n i	27. Menner of Death	28a. Dete	ot Injury	28b. Time o		c. Injur				how Injury occu		97		
Islop	: After e fune	at lo	1 Neturel 5 Pending 2 Accident Investiget		nth, Day Year)	Injury	м		nk? Yes 2.⊑]No						
2	or Attended In Director:	HC	3 ☐ Sulcide 6 ☐ Could not	d 28e. Place	e of Injury - At	home, ferm, str	eet, fectory,	office			28f. Location	Street and Num	ber or Run	ral Route Number,		
ã	d in	Certification:	4 Homicide	build	ling, etc. (Spe	cify)					City or To	wn, State)				
	# I I		29e. Certifier **Certifying F	hysician: To the	best of my kr	nowledga, daath	occurred at	the tir	ne, dete e	nd place,	end due to tha	causa(s) and m	annar as a	stated.		
	To the Hoppin or within 24 hours at the To the Funeral Director Completely filled in b	edical	(Check only 2 Medical Extended)	iminer: On tha b	pasis of axamir nner steted.	netion end/or In-	vestigation, I	n my o	plnion, da	ath occurr	red at the time	dete and plece	and due t	o tha causa(s)		
	Nithir To th	ž	29b. Signature and title of Cariffier				29c.	Licens	e number			29d. Dete sign	ed (Month,	Day, Year)		
			· AN				P	ES-	-000			8/9/9	16			
			30. Name and address of person wh	completed com	se of death /li-	am 23a) (Tues		. 0 .	000			01 119	0			
	4						NA					DICAL	CENT	ER		
	Sta	te	S. J. CASH, 31. Dete filed (Month, Day, Year)	LT,	Registrer's Sia	netyre	BE	THI	ESDA	MD	20889	-5600				
	Registr		AUG1 5 1996	Chi	Registrer's Sig	-Rardott										
			MUUTO	11530.3												

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9.6. 24.238

								Certific		Death		Reg. No.				
	Physic	ian	Decedent'a Name (First,	Middle, La	(St)						2. Dete of Do Month	eeth Dey	Year	3. Time of Death		
₹	/Medi		Vincent		Pecora						August		1996 1	11:45 pm		
	Exami	ner	4a. Facility Neme (If not ins			7)				4b. City, Town, or	Location of Dee	th 4c. County	of Death			
				tella	a Maris					TOWSO		BAL	TIMORE			
	Funeral Director		5. Social Security Number 218-03-5295 Usuel Residence of Decede		Sex 7.7	Age (In yrs		monting if Un	hs Days	If Under 24 Hr. Houra Mir			9. Birthpled Country ITAL	ca (State or Foreign Y		
	bue m		10a. State 10b. C			10c. C	ity, Town	or Location					10d	. Inside City Limits		
	Marylen-fahow	ō	MARYLAND BA	LTIMO	ORE		TOW	SON						1 ☐ Yes 2 ☒ No		
	the 28.	Director	10e. Street end Number		718			106	Zip Code			10g. Citizen of	What Country	0		
	M M			O D. 1	lamar Val	1 a D	n.a			20/				*		
	eath	era	11. Meritel Status	· Du	Laney Val			13 Wee De		L204	Specify Vec or N		SA ce - American	Indian		
Maryland 21215-0020	filed within 72 hours after death with the Maryland Hygiene. ther than "naturet", or flems 23a or 28a-f show brit, the Modicel Examinet must be notified at	by Funeral	1 ☐ Never Merried 2 ☐ 3 ☐ Widowed 4 ☐ Div		Armed Forces 1 Yes 2 If Yes, Give Year or Dates	5?] ™	,,,,		specify Cub	ispenic Origin? (i an, Mexican, Pue Specify:	rto Rican, etc.)	Ble Specif	ck, White, etc			
9-0	72 ho	ted	15. Dec	edent's Ed	ducation ade completed)		16e. [Decedent's U	suel Occup	pation during most of we		16b. Kind of B	usinass/Indus	stry		
21	within 7 ene. than "r	Completed	Elamentary/Secondery (0	-	Collega (1-4o	(5+)	- 1	life. DO NO	T use retire	duning most of wo d)	orking					
21	filed within Hygiene. then then then then then then then then	Son	3		n/a			Co	ook			Hote	21			
pu	0 = 0 5	Be (17. Father's Name (First, M.	iddle, Last)						18. Mother's Ne	me (First, Middle	e, Maiden Suman	ne)			
/la		10		Jo	oseph Pec	ora				Jos	sephine	Fazzio				
an	d 2 should th end Mer 7 is merks traumatic		19e. Informent's Neme/Raid	ationship (Type, Print)			-		and Number or A						
			Ralph V.	Pecc	ora		3	12 Rir	nggold	l Valley	Circle,	Cockeys	sville,	MD 21030		
Baltimore,	permit. Pages 1 an Department of Heal Important: If item 2 any injury or other once.		20a. Method of Disposition 1 □ Krurlai 2 □ Creme 4 □ Donation 5 □ Oth	etion 3 🗆	Removel from Stat	8	cemetery	isposition (in crematory of ly Rec	or other pla	1	Dete 17 AUG	Balto.		, State		
#	artm ortar injui		21. Signature of Fuperal Se		- 1111	1/		-								
Ã	permit. Departr Importu any inju		22. Name and Address of Fecility Lemmon Funeral Home of Dulaney Valley, Inc. 10 W. Padonia Rd. Timonium, MD 21093 23a. Part Lenter the Grease, or complications that gaused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, one can be an an or complication of the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, one and Death one can be an or cardiac or raspiratory arrest, one and Death one can be an or cardiac or raspiratory arrest.													
	Physician /Medical		Immediate Cause (Final)	Chron	a Oh	~+~	74:00	D 7	P/-			0	nset and Death		
	Examiner		disease or condition resulting in death)		e					nary Dis	ease					
	911	ě				Due 10 (UI as e CC	nsequance	oi).				1			
	ificate be executed g physician and as the buriel-transit	Examiner	Coguantially list conditions		b. ————	Dua to (07.88 A CO	nsequence	oft:				I			
ó	an an riel-tr		Sequentially list conditions, if eny, leeding to immediate cause. Entar Underlying Cause (Disease or Injury			200 10 /	J1 45 6 66	nooquoneo (ory.							
68760,	ysicle	edical	thet initieted events	<	c	Due to (c	or es e co	nsequence (M).							
	5 O 6	maio I	resulting In death) Last			Duo 10 (1	03 8 00	ilaequellos (J1).				Í			
Вох		2			d			-								
	death cer e attendir ed lor use	Icle	Pert II. Other significant co	nditions c	ontributing to death	hut not res	ulting lo t	he underlyin	o cause ob	en in Part I	23h Did	tobacco ties co	mtribusta to th	ne cause of death?		
P.O.	the school	Physician/N			onthodaling to doublin	DUCTION 188	iditioning in t	ne undenym	g cause gi	OTTAL COLL.				bly 4 Unknown		
	ned ned	by P									. ''	1108 2 140	3 Trobac	ny 4jajonikiowii		
Vital Records,	law requires that as been signed b	Completed b										s an autopsy ormed?	availa	autopsy findings able prior to eletion of cause ath?		
œ	m	E									10	Yes 20 No	1 D Y	res 2□ No		
<u>a</u>		BeC	25. Wes case referred to me	edical						26 Place of De	eth (Check only					
>		ToB	examiner? 1 ☐ Yes 2 No		Hospitel:	ient 2	ER/Outp	etient 3	DOA Oth			idence 8 DOth	ner (Snecify)			
	를 를 들		27. Menner of Death 1 ☑ Natural 5 ☐ P	anding	28a. Dete of In (Month, D	ury	28b. Tir	ne of ury	28c. Injui Wor	y at k?		how injury occur				
Sic	Attending in death. actor: After by the fune	cat	E LI MOOIGOIN	vestigetion ould not be			,	М		Yes 2 □ No						
Division	at or Attendest s after deat ii Director: ed in by the	Certification:	4 ☐ Homicide	atermined	286. Piece of II	njury - At h tc. <i>(Speci</i> l	ome, fem fy)	n, street, fec	tory, office			(Street and Numl wn, Stata)	er or Rural R	oute Number,		
	To the Hospital or Attending 14 hours after death. The Funeral Director: After completely filled in by the fune	edicai (29a. Certifier (Check only one) Certifier 2 Med	tifying Phy lical Exam	ysician: To the besident on the basis and menners	of examine	wledge, o	daath occurre or investiget	ed at the tir	ne, dete end plac pinion, deeth occ	e, and due to the urred et the time,	cause(s) and ma date and piece,	annar as state and due to th	id. e cause(s)		
	dwo	Me	29b. Signeture and tille of or	vitiljer .					29c. Licens	e number	T	29d. Dete signe	d (Month, Da	y, Year)		
10	[] 8			_	1				_			8-13.				
,"	' /		OO Allema what had		9				250	> 8 6		U	10			
_	- 8		30. Name and address of pe						77 7 7	. p.i -						
	C	40	31. Dete filed (Month, Day,	-				aney	valle	у ка. Т	owson, l	Md. 2120	4			
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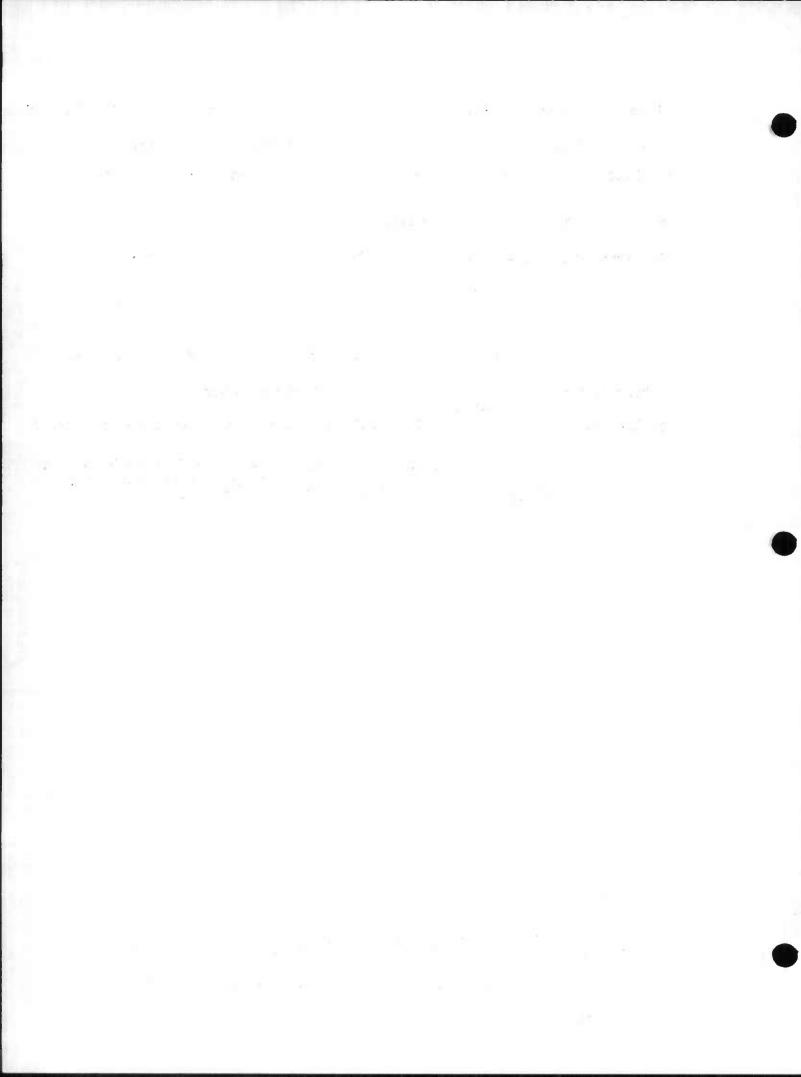
State of Maryland / Department of Health and Mental Hygiene 96

	rii	III C	736 Item 100 per FR 8-	-12-30 Lla	C	ertificate of	Death		Reg.	No.		
	Physic /Medi		1. Decedent's Nama (First, Middla, Last) OMINICK A.	Parisi					ta of Death	Dey	ă°6	3. Tima of Death
	Exami		4a. Facility Nama (If not institution, giva s UNIVEWSITY O		AND).		vn, or Location		4c. County		
	Funeral Director			7. Aga (In yr	s. last birthda Yrs.	Months Davs		Min. 8. Da	ta of Birth brith Day, Ye	918	9. Birthp Coun Ne W	laca (Stata or Foreign try). York
	e Maryland la-f show	ctor	Usual Rasidance of Dacedant 10a. Stata 10b. County NJ. Essex		City, Town or						1	0d. Insida City Limits
	vith th	Director	10e. Street and Number			10f. Zip Coda				Citizen of V		try?
0	72 hours after death with the Maryland natural', or items 23s or 28s-1 show ites! Examines must be notitled at	Funeral	1 Baldwin Pl. 11. Marital Status 1 Navar Married 2 Married	2. Was Decedant Evar in Armed Forcas? 1 ☑ Yas 2 ☐ No	U,S. 1	3. Was Decedant of If Yas, specify Cut	Hispanic Orig oan, Maxican,	in? (Specify Ya , Puarto Rican,	is or No-	Blac	e - Amaric ck, Whita,	atc.
302	ral', o	1 by	3 ☑ Widowed 4 ☐ Divorced	If Yas, Give Yaar or Datas:		1□Yas 2□No	Specify:			Specify	. Whi	te
Maryland 21215-0020	within ene. then	ompleted	15. Decedant's Education (Specify only highast grada completed) Elemantery/Secondary (0-12) 9 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifta. DO NOT usa retired) Truckdriver 16b. Kind of Businass Freight Co Truckdriver									
land 2	tal Hyg d other event,	To Be Co	17. Father's Nama (First, Middla, Last) Matthew Parisi					rs Neme (First, tha Ju		den Suman	na)	
Aan	and and aum		19a. Informant's Name/Ralationship (Typ			alling Address (Stree					Stata, Zip	'
	Haell Haell Haell ther		Donna Pezik/ Dat 20a. Mathod of Disposition			Sidney sposition (Nama of	Ra.,	PICES		N.J.		
Baltimore,	permit. Pagas Department of I Important: If its any injury or o		1 Burial 2 □ Cramation 3 □ Re 4 □ Donation 5 □ Other (Specify)	amoval from Stata	cametary, c	oss Ceme	etery	8/17	/96 N			
Bal	permit. Departn Importa any Inje		21. Signature of Funeral Service License Bollett Cou	ewa		22. Nama and Addr terling 36 Edmor	Asht	on Fun				
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	Physician /Medical Examiner		Immadiata Causa (Final disaase or condition rasulting in death)	BRAIN Dua to GENERAL	DEA	AH						Onsat and Death
	bet nsit	Examiner	b .									1 DAG
60,	icata be axecuted physician and s the burial-transit		Sequantially list conditions, if any, laading to immediata cause. Enter Underlying Causa (Diseasa or Injury	DISSEW		sequance of):	NPE	ction	4			1 wk
ox 68760,	certif ding use &	n/Medical	that initiated evants rasulting in death) Last	ACUTE		equance of):	Δ		···			6 wk
, P.O. Bo	that the cled by the detached	by Physician	Part II. Other significant conditions cont	ributing to death but not re	asulting In the	a undarfylng causa g	ivan in Part I.	2		22 No		the cause of death?
Records,	law requires as been sign 2 Should be	Completed b						24	la. Was an se performed	utopsy 1?	CO	are autopsy findings allable prior to mplation of causa death?
	The ata h	Com							1 🗆 Yas	2 No	10	Yas 20 No
of Vital	Physician: The this certificata director, par	Be C	25. Was casa refarred to medical axaminar?	ospital:		0	har	of Deeth (Che				
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Division	S Star Con I Different by The	Certification:	3 Suicida 6 Could not be datarmined	28a. Plece of Injury - At building, atc. (Spec	homa, farm,	streat, factory, office		28f. Lo	cation (Stree y or Town, S	t and Numb itata)	er or Rura	il Routa Number,
	To the Hospital within 24 hours To the Funeral completely filled	edicai	29a Certifier 1 Certifying Physical Condition 2 Medical Examination	cian: To the best of my kr ar: On tha basis of axamir and mannar stated.	nowledga, de nation and/or	ath occurred at tha t invastigation, in my	lma, data and opinion, daat	d placa, and du h occurred at th	a to tha caus na tima, data	a(s) and ma and place,	annar as si and dua to	ated. the causa(s)
	To the comple	Σ	290. Signature and title of certifier	,			3165	50		Bata signe	3 9	Day, Year)
	TUN		30. Name and address of person who con	Ell, 22	6.	Print)	VE.	5t,	BAC	TO,,	nD	21201
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				State	of Mary	land / Dep	artment ertificate			and M		giene 9	6 2	4240		
	-	BI	1. Decedent's Neme (First, Mid	ddle, Last)							2. Dete of De	eth		3. Time of Death		
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	/Medio Examir		4e. Fecility Neme (If not institu					4	b. City, Tov		cation of Deetl			11.00111		
	- Autor		617 Milford	Road					Pik	esvi	11e	Ba	ltimor	· e		
	Funeral	Г	5. Social Security Number	6. Sex		yrs. last birthde	If Under 1		If Under 2		8. Dete of Bir (Month, De			ce (State or Foreign		
П	Director		214-40-5455	1 □ M 2 □ X	F	78 Yrs.	Months	Deys	Hours	MIII.	Nov 21	, 1917		yland		
	P .		Usuel Residence of Decedent 10a, Stete 10b, Cour		100	0										
	anyla show	-	1001 (1011)		100	c. City, Town or I					10d. Inside City					
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	n 72 hours after death with the Maryland "natural", or items 23s or 28s-f show adical Examiner must be notified at	Director	10e. Street end Number				10f. Zip C					10g. Citizen of 1		n		
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	ar de	nu	11. Meritel Stetus	Arme	Decedent Ever d Forces?	in U,S. 13	If Yes, specif	nt of Hi ly Cube	ispenic Orig n, Mexicen	gin? (Spe , Puerto l	cify Yes or No Rican, etc.)	Hara	e - Americar ck, White, et			
20	S and	by F	1 ☐ Never Merried 2 ☐ M 3 🕅 Widowed 4 ☐ Divorce	If Yes	es 2 XNo , Give or Dates:		1 Yes 2	ĽXNo	Specify:			Specify				
21215-0020	hou			ent's Education	or Dates.	160 Doo	edent's Usuel	Occupa	ation			16b. Kind of B	Black			
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	il Hygid other	Be C	17. Fether's Neme (First, Midd	le, Last)	<u> </u>		100			r's Neme		Meiden Sumen		DITC DCII		
a	Mental Mental arked o	ToB	Robert E. Le	20					Boatr	ico	Lewis					
Maryland	2 should be and Menta is marked aumatic ev	-	19e. Informent's Neme/Reletic		siste	r 19b. Mei	ling Address (er, City or Town,	Stete, Zip C	code)		
			Esther Lee		52500.		North	Car	rollt	on A	venue	Baltim	ore MD	21217		
ē,	s 1 and if Health item 27 i other tr		20e. Method of Disposition			0b. Plece of Disp		e of			Dete	20c. Location				
E O	Peges nent of int: If ite		14 Burial 2 ☐ Cremetio 4 ☐ Donetion 5 ☐ Other			20.25.1										
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B	Depa Impo any li		1/4.	1.1)		ZOUL G	wyn	ns ra	IIIS	Parkwa	y	ones,	inc.		
			23a. Pert1. Enter the disease,	or complications to	ot caused the	deeth. Do not e	Baltim							pproximete		
	Physician		shock, or heert fellure. L	ist only one ceuse	on each line.	doun. Do not di	nor the mode	or dynn,	g, 30011 00 t	0010100	roopirotory o	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10	nterval Between Onset end Deeth		
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oʻ	an an rial-tr	EX	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying	F		ILE A	. ,	110	1'5	Die				YEARS		
P.O. Box 68760,	ata be executed hysician and tha burial-transit	Icai	thet initiated events	C		to (or es e conse		MEY	20 0	1100	MSE		-	16 HKS		
99	uffice ng ph es th	Pag	rasulting In deeth) Last	1		CINOM		2	- (10		(100)			
ŏ	th cer endir r usa	Se Se		d	TO CHIC	CIPON	1 01-	1077		COX	1 /RESE	E CIED (1991)			
П.	The law requires that the death certifice ate has been signed by the attending phage 2 should be detached for use as the	Physician/M	Pert II. Other significant cond	itione contributing t	o death but no	t resulting in the	underlying ceu	use give	en in Pert I.		23b. Dld	tobacco use co	ntribute to t	he cause of death?		
Q.	by the	Phy.									10	Yee 2 No	3 Probe	bly 4 Unknown		
ď.	gned be de	by														
ğ	w require been si should											en eutopsy ormed?		autopsy findings able prior to		
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a	an: tifica tlor, p	Be C	25. Wes cese referred to medi	cal					28. Plece	of Death	(Check only	one)				
1 Inpatient 2 ER/Outpatient 3 DOA Substituting Home 5 AR Residence 8 Other (Sp.								er (Specify)								
Ö	or Attanding aftar death. Director: After d in by the funa	Certification:	1 Neturel 5 Pen	stigetion	nonun, Day 102	ar/ Injury	М		Yes 2 N	Vo						
<u>Vis</u>	Afte ar de ecto by th	tific	3 ☐ Suicide 6 ☐ Coulded	rmined 288. Pl	ece of fnjury - uilding, etc. (Sp	At home, farm, s	treet, fectory,	office		2	28f. Location (Street end Numb	er or Rural I	Poute Number,		
Ö	s after	Cer			anding, etc. (o)	oechy)					Only or ro	mi, Ololay				
	ospi i bou uner	edical	29e. Certifier (Check only 2 Medic	ying Physician: To al Examiner: On th	the best of my	knowledge, dee	th occurred et	the tim	e, dete and	d plece, e	and due to the	cause(s) and ma	anner as stat	ed.		
)	the Hospital or sin 24 hours after the Funeral Dir npletely filled in		one)	end n	nenner steted.	Illinetion endor	ivestigetion, ii	n my or	MINON, GEEL	n occurre	od at the time,	dete end piece,	and due to ti	ne ceuse(s)		
-	2	Σ	29b. Signeture end title of certi	~ ·	4				number	4		29d. Dete signe	- 1			
1	A)		Meera	11/at	hew,	7n-0		D ?	399	89		8/1	5/91	D		
٠,	A)		30. Neme end eddress of person	n who completed a	auna of dooth	/Hom OZo) /Time	, Print)					- 1	,			
			HOLK CAKE	3333 N.	CALLER	1 ST., S	VITE 6	55	BA	てかん	LORE, 1	UD ZI	218			
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	Registr	ar	AUG1 0 1996		- 1001		1									

Registrar



				State of Ivial		ertificate of			leg. No.	0 24	241
Ī	Physici /Medic		1. Decedent's Neme (First, Middla, Last, Alvin NoR	ton L	Posei	n berg	,	2. Dete of Dee Month Augus	th Dey	Yeer 1996 2	ime of Death
	Examir		4e. Facility Neme (If not institution, give				4b. City, Town, or		4c. County		
-			5. Social Security Number 6. Sec.		In yrs. last birthda	(av) If Undar 1 Year	/owSo			TIMORE	
	Funeral Director				5 Yrs.	Months Devs		8. Data of Birth (Month, Dey MARCH	5, 1911	MARYLA	Stata or Foreign
	show show		10a. State 10b. County	1	0c. City, Town or	Location				10d. In	side City Limits
	with the Maryland ta or 28a-f show	tor	MARYLAND BALTIME	RE		MONKT	TON			1 [Yes 2 No
	or 28	Director	10e. Street end Number			10f. Zip Code		1	10g. Citizen of V	Vhat Country?	
	를 잃	ral	15820 OLD YORK				1111			STATE	
020	or its	by Funeral	11. Meritel Stetus 1 ☐ Nevar Married 2 ☐ Married 3 ☒ Widowed 4 ☐ Divorced	12. Was Decedent Eve Armed Forces? 1 Tas 2 No If Yes, Give Yeer or Detes:	er In U,S. 1	3. Was Decedent of I If Yes, specify Cub		pecify Yas or No- o Rican, etc.)	14. Rec Bled Specify	e - Amarican Ind ck, Whita, etc.	
2-00	72 houn natural		15. Decedent's Edu	cation	16a. De	cedent's Usuei Occu	pation		16b. Kind of Bu	isiness/Industry	
21215-0020	77 75 1 200	Completed	(Specify only highest grade	College (1-4or 5+)	life	va kind of work done DO NOT use retire	ed)	rking	INSUR	ANCE	
	e filed at Hygir other vent, n	Bec	17. Fether's Neme (First, Middle, Last)	~			18. Mothar's Ner	ne (First, Middle,			
Maryland	d 2 should be filed the end Mental Hyg. 7 is marked othe treumstic event.	To	SAMUEL I		ENBERG	'n	HORTEN	ISE C		LANG	
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	Haal		BRUCE KOSENBERG 20e. Method of Disposition	NEPHEW		3 DEERE sposition (Name of	co Ko.;	IMONI		City or Town, S	
nor	or of or		1 ☐ Buriel 2 Crametion 3 ☐ R	amoval from Stete	cemetery, o	remetory or other ple	9/	1-1	•		AD
Baltimore,	관련을 .		4 ☐ Donation Š ☐ Other (Specify) 21. Signature of Fungral Service Education		GREEN IV	COUNT CREI		1 14	BALTIM	3.00	W .
B	Depa Impo any ir		SLOOS	ram	1.	22. Neme end Addre CAFA STI 3717 GREE					
	Physician /Medical Examiner		23a. Pert1. Inter the disease, or complishock, or heert feilura. List only or Immediate Ceuse (Finel disease or condition resulting in death)	cetions thet caused the ceuse on each line.	e deeth. Do not o	enter the mode of dyl	lng, such es cardied	or raspiretory an	rest,	Appr Inter Onse	oximete val Batween et end Deeth
	per jist	Examiner		Pleurac	EAUS						3mo
	axecu n and ai-tra	Exar	Sequentially list conditions, if any, leeding to immediate		e to (or es e cons						2
68760	ficate be executed physician and is the burial-transit	edical	Sequentially list conditions, if any, leeding to immediate cause. Enter Undarlying Ceuse (Diseesa or Injury that initiated events resulting in deeth) Lest	Recure	a to (or es e cons	DNEUMONE sequence of):	a				OMO
Box (_									
m.	daath e atter d for u	Iclai	Pert II. Other significant conditions con	tdhuting to death but r	not regulting in the	underlying cause of	ven in Part I	23h Did to	obacco usa cor	ntribute to the o	reuse of death?
P.0.	that tha	Phys	_	-	-		ven in Perci.		′es 2□No		4 Unknown
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a.	@ T @	E O						1□ Y	es 2 No	1 ☐ Yes	
ita	cartificata irector, pag	Be C	25. Wes case refarred to medical exeminer?				26. Plece of Dec	oth (Check only or	ne)	10	ADT
of Vital	Physician: this cartific rai director,	2	1 Yes 2 No	ospitel: 1 Inpatient	2 ER/Outpat	IN 3E DON		lome 5 Resid	enca 8 X Oth		respice
n c	ing P	ino iii	27. Manner of Deeth 1 ☑ Netural 5 ☐ Pending	28e. Dete of Injury (Month, Dey Y	ear) 28b. Time	y Wo		28d. Describe h	ow Injury occur	red	
Division	To the Hospital or Attending Physician: within 24 hours after death for the Funeral Director. After this cartific complataly filled in by the funeral director,	Certification:	2 Accident investigation 3 Suicida 6 Could not be determined	28e. Pleca of Injury building, etc. (- At home, ferm, Specify)	M 1 street, factory, office]Yes 2□No	28f. Location (S City or Tow	treet and Numb n, Stete)	er or Rural Rout	le Number,
	n 24 hours Funeral	edical C	29e. Certifier (Check only one) 1 Certifying Physical Examination (Check only one) 1 Madical Examination (Check only one)	fcfan: To the best of n ar: On the basis of ex end mennar stated	aminetion and/or	eth occurred at the ti Investigation, in my o	ime, dete end plece opinion, deeth occu	, end due to the c rred et the time, c	euse(s) and ma late and pieca,	nner es stated. and due to the c	ause(s)
	To the	Me	29b. Signeture and title of certifier	0		29c. Licans	se number	2	29d. Data signe	d (Month, Day, 1	(ear)
1	-		Neta Pab	a MD		D4	7707		AUSUST	15, 199	26
	(4)	Ì	30. Name end eddress of person who co	mpleted cause of deet	h (Item 23e) (Typ	e, Print)					
						CHARLES	ST STE 2	203 BAC	TIMORE	mi) 21	204
	Sta	te	31. Dete filed (Month, Dey, Year)	32. Registrer's	Signeture						

Film G7	38 i	State of Maryland / Department of Health and Mental Hyging item 1,4 per FH 8-15-96 rja Certificate of Death	ene 96 24242
Physic /Med Exam	lical	al Total Wiccard Hillard Roy, or. August	Dev Year 3. Tima of Death 1 06 w
Funera Directo	i	UNIVERSITY OF MARYLAND 5. Social Security Number 6. Sex 12 9 6 6 88 12 12 12 12 12 12 12 12 12 12 12 12 12	n/a
Meryland -f ehow	tor	Usual Rasidance of Dacedant 10a. Stata 10b. County 10c. City, Town or Location MD n.a BALTIMORE	10d. Insida City Limits 1∕CVas 2 □ No
th with the 23a or 28a	al Director	10e. Street and Number 221 N. FULTON AVENUE 21223	g. Citizen of What Country? UNITED STATES
5-0020 72 hours after death with the Meryland neturel; or Hems 23s or 28s-f show dical Examiner must be notified at	by Funeral	11. Maritel Status 12. Was Decedent Ever in U.S. Armed Forces? 13. Was Oecedant of Hispanic Origin? (Specify Yes or No-lif Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Maritel Status 15. Was Decedent Ever in U.S. If Yas, specify Cuban, Mexican, Puarto Rican, etc.) 16. Was Decedent of Hispanic Origin? (Specify Yes or No-lif Yas, specify Cuban, Mexican, Puarto Rican, etc.) 17. Was Decedent of Hispanic Origin? (Specify Yes or No-lif Yas, specify Cuban, Mexican, Puarto Rican, etc.) 18. Was Decedent of Hispanic Origin? (Specify Yes or No-lif Yas, specify Cuban, Mexican, Puarto Rican, etc.)	14. Rece - American Indian, Black, Whita, atc. Specify: BLACK
	Completed		6b. Kind of Business/Industry
re, Maryland 2121 s 1 ed 2 should be filed within Heelth and Mental Hygiene. Item 27 is marked other than ' other traumatic event, in the	To Be Co	18. Mothar's Nama (First, Middla, Last)	CLEANERS aiden Sumama) IKINS
e, Mar 1 end 2 sho Heelth and 1 em 27 fs me	ľ	19e. Informant's Name/Relationship (Type, Print) VICTORIA SMITH 19b. Mailing Addrass (Street and Number or Rural Routa Number, 1652 E. BELVEDERE AVENUE, A	APT.105, BALTIMORE, MD
Baltimore, A semil. Pages 1 end Department of Heelth moortunt: If them 27 mm in injury or other trees.		1 ∑ urial 2 □ Cremation 3 □ Ramoval from State cemetary, crematory or other place)	Oc. Location - City or Town, Steta ALTIMORE, MARYLAND
B P P P P P P P P P P P P P P P P P P P	L	(/	NORTH AVENUE
Physician /Medica Examine		Immedieta Causa (Final disease or condition resulting in death) a. Peripheral Vasculate Disease Dua to (or as a consequence of):	Interval Between Onset and Death
Box 68760, death certificate be executed e attending physician and of or use as the burlal-transit	an/Medical Examiner	Causa (Diseasa or injury that initiated events rasulting in daath) Last Dua to (or as a consequence of):	
P.O. hat the od by the detached	/ Physician/M		secco use contribute to the cause of death? S 2 No 3 Probably 4 Unknown
Records, ne lew requires to the been signed ge 2 should be on the control of the	Completed by		autopsy ad? 24b. Wara autopsy findings evailable prior to completion of cause of death?
- F # &	Be	25. Was casa rafarred to medical examinar?	
On of aling Phys h. After this funeral di	Certification: To	- Industrial Endeavour on South Throad State of the State	w Injury occurred
Division about a point and a point a p			usa(s) end manner as stated.
To the Hospital or within 24 hours after To the Funeral Dir completely filled in	Medical		ta and place, and due to tha cause(s) d. Data signed (Month, Day, Year)
6.6		30. Nama and addrass of death limit 23a) (Type, Print)	August 11 1996
Si	ate		MARYLAN D



State of Maryland / Department of Health and Mental Hygiene 96 24243

								Cert	ifica	e of	Death			Reg. No.		been #	
	Physic /Medi		1. Decedant's Nama (First, Mic YMARJORIC		,	NS							2. Date of De Month Aug		Yaer . 1996		ime of Death
	Exami		4e. Fecility Nema (If not Institut Sinai Hosp	-		imber)							ocation of Deat	h 4c. Co	ounty of Death	ity	
	Funeral Director		5. Sociel Security Number 217-14-0697 Usual Rasidence of Decedant	6. Se	x □M XXF	7. Age (In 77	yrs. last bii	rthday) Yrs.	If Unda Months	Days		24 Hrs. Min.	8. Date of Bi (Month, Pi May 1	th Year) 3, 1919	9. Birth Cor OWI	place (S intry) .ngs	State or Foreign Mills, Mo
	Manyland H show	tor	10a. Steta 10b. Cour	,	imore	100	c. City, Tow	m or Loca Reist		town	n						ida City Limits Yes 20 No
	th with the 23a or 28	al Director	10e. Street and Number 236 Sacred He	art	Lane				10f. Zig	Coda	2113	6		10g. Citized	n of What Cou US	ut Country?	
020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Importants if Item 27 is marked other than "natural", or items 23s or 28s-f show importants if Item 27 is marked other than "natural", or items 23s or 28s-f show any highly or other trasmatic event, the Medical Experiment must be notified at once.	by Funeral	11. Marital Status 1 □ Never Merried 2 □ M 3 ☒ Widowed 4 □ Divorce	Armed Forces? If Yes, specify Cuben, Maxican, Puèrio Ricen, etc.)									Bleck, White	ece - American Indien, leck, Whita, etc. cify: White			
1215-(vithin 72 h ne. hen "netu e Medical	Completed	(Specify only high Elemantary/Secondary (0-12	ast grad	s Educetion grade completed) College (1-4or 5+)												
Maryland 21215-0020	d be filed v ental Hygie ced other t c event, th	Be	High School 17. Fether's Nema (First, Middle George Garra		-0-	_							a (First, Middle	, Maidan Su		OIIC	
	and 2 shou alth and M 27 is mari ir tresmati	To	19a. Informant's Name/Ratatio		,								rai Routa Numb				
Baltimore,	Pages 1 ument of He ant: If Item lary or oth		20a. Method of Disposition 1				ob. Placa o cemete t · II	f Disposi ry, crame 10mas	tion (Na atory or o S Ce	ma of other pla mete	ery	8	Data 3/16/96		tion-City or 1 igs Mil		
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j	Physician /Medical Examiner	/ 16	23a Part1. Entar tha disaesa, shock, or haart failura. Li immediata Causa (Final disease or condition rasulting in death)	st only or	SYS	TEMIC	SEP	T (CA	Em t A							Interv	oximate at Batween t and Death
o,	icate be executed physician and s the burial-transit	Examiner	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Causa (Disassa or injury	5	5 'ATT		to (or as a		- 1		ION, W	OHUO	D&BR100	MENT.			
x 68760,	certificate be executed nding physician and use as the burial-transit	/Medical	Causa (Disaasa or injury that initiated evants rasulting in deeth) Last		d	Dua	to (or es e	conseque	ence of):								
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s, P.O.	s that the death certific ined by the attending p e datached for use as	by Physician/	Part II. Other significant condi	IONS CO	itributing to d	eath but not	rasuming ii	n tha und	anying o	ausa g	Ivan in Part I	•		Yes 2		10.000	4 Unknown
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ion of	Attending Physician: or death. ector: After this certific by the funeral director,		27. Mannar of Death 1 Natural 5 □ Pand	ing tigetion	28a. Data			Time of njury		28c. Inju	4 L Nu		oma 5 ☐ Ras 28d. Dascribe			ify)	
Divis	tal or Attending is after death. al Director: After led in by the fune	Certification:	3 ☐ Suicida 6 ☐ Coui	d not be mined	28a. Place buildi	a of Injury - ing, atc. (Sp	At homa, fe	rm, stree	et, factor	y, office	•		28f. Location (City or To		Number or Ru	rai Route	Number,
	To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by	edicai	29a. Certifier 1 Certify (Check only one) 1 Medica	ing Phys I Examin	nar: On the b	best of my asis of axar ner stetad.	knowledge nination an	, daath d d/or inva	occurred stigation	at tha t , in my	tima, data an opinion, daa	d ptaca, th occur	and due to the red at the time,	causa(s) an data and pl	d mennar as aca, and due	stated. to the ca	use(s)
	To the To the Company	Σ	29b. Signatura and title of certif	er ()	ia -	.D .				24023	2-1			gigned (Month		
	24		30. Nama and addrass of perso		omplated caus	sa of death	***		nint)		,			4, 5		- 1	,
	Sta		31. Data filed (Month, Day, Yea	7)=		Bgistrar's 8											

Harrier Victoria et al. 1985 e u u o de a cuell dio - m - m E TANK IN INCOME. IN SECURITION OF THE PROOF O

Physician /Medical Examiner physician and the buriel-transit Division of Vital Records, P.O. Box 68760,

Physician

/Medical

Examiner

10a Stata

Directo

Funeral

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Funeral

Director

7 is marked other than "natural", or items 23a or 28a-f sho treumstic event, tre Medical Examiner must be notified at

the Menyland

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death

permit. Pages 1 and 2 should be filed within 72 hours after deal Department of Health and Mental Hygiene. Important: if ten 27 is marked other theorem.

Examiner Physician/Medical þ Be ဂ္

Crohn's Disease, Dementia of the

	axaminar?	2 No
27	Manneret	Death

29a. Cartifiar (Check only one)

Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data end piace, end dua to the ceuse(s) and mannar es stated. 2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner stated.

29b. Signeture and titla of certifier

29c. License number

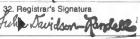
29d. Deta signed (Month, Dey, Year)

30, Nama and address of person who complated causa of death (itam 23a) (Type, Print) MD, Baltimore VA Medical Center L COLUIN

Registrar

Medical

31. Deta tiled (Month, Day, Year)



after death.

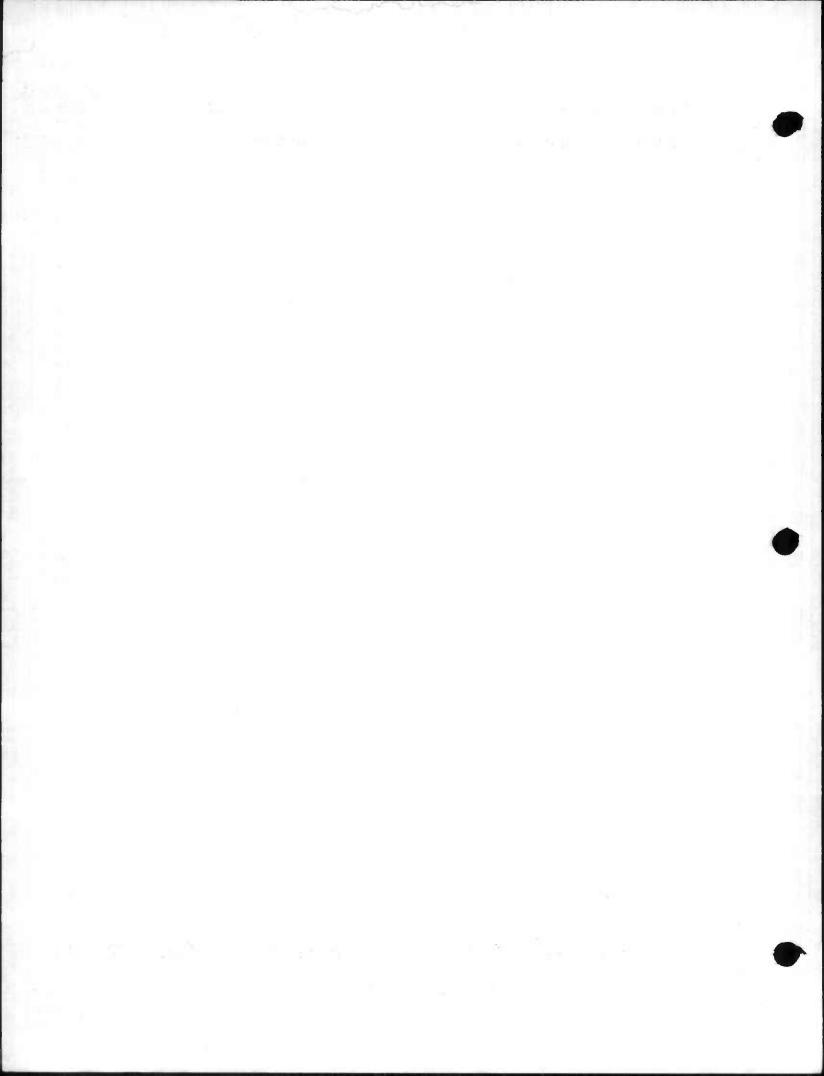
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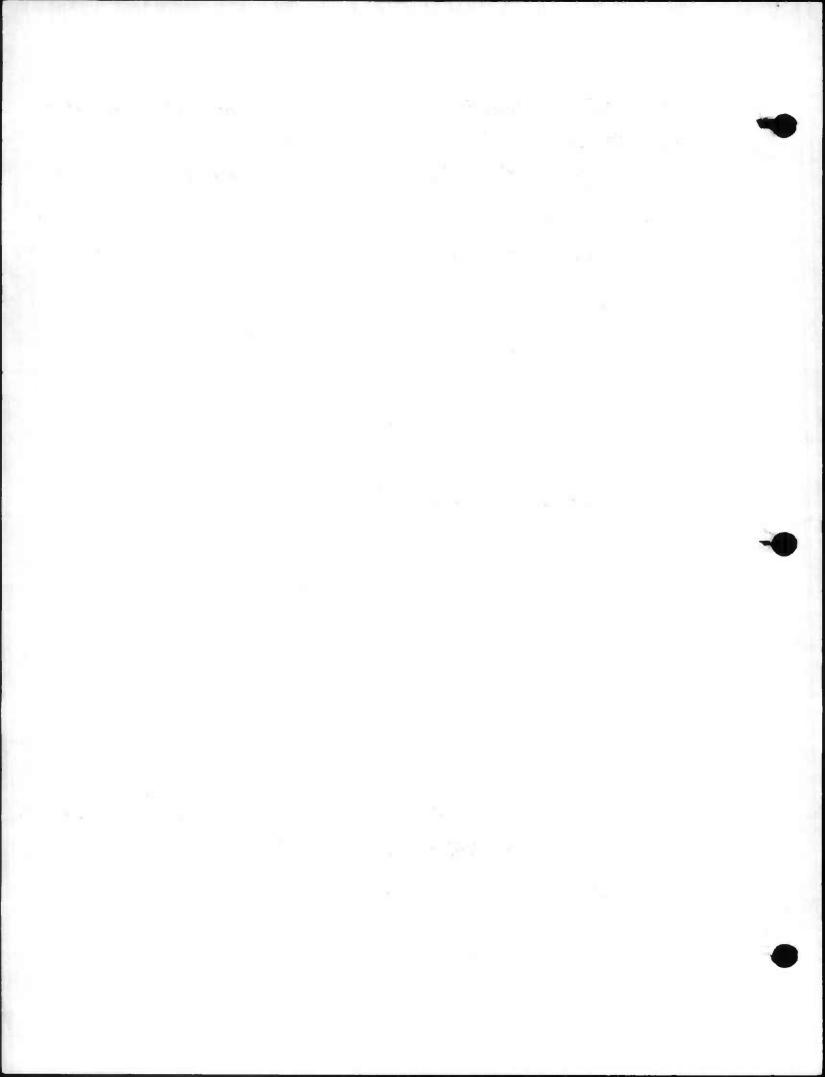
				State of Maryland	Department of Certificate		500.0	ene 96	24	245
	Dhusis		1. Decedent's Nama (First, Middla, Last)				2. Data of Deeth Month			me of Deeth
Ų	Physici /Medi		PAULA SMITH			1	AUGUST 1	2, 1996	12:	30 P
	Examir	ner	4a. Facility Neme (If not institution, giva si THE JOHNS HOPKINS			4b. City, Town, or Li		4c. County of Dee	11	
	Funeral Director		5. Social Security Number, 6. Sex	M 200 F 7. Age (In xrs. lest	birthday) If Undar 1 Yrs. Months D		8. Date of Birth Month, Day, y	(Sar) 949 M	rthplece (Sountry)	tete or Foreign
	72 hours after death with the Maryland netural; or items 23s or 28s-f show dical Examiner must be notified at	ctor	Maryland 10b. County	10c. City, T	own or Location Baltimor	e			L.	de City Limits Yas 2 □ No
	eath with the result of 2	Funeral Director	10e. Street and Number 8519 Glen Mic	chael Lange 2. Was Decedent Evar in U.S.	2 13 Was Deceden	de 233 of Hispanic Origin? (Sp		7. Citizen of Whet C	SA	90
020	ours after d ral', or Iten	ρ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	Armed Forces? 1 Yes, Give Yeer or Detas:	If Yas, specify	Cuben, Mexican, Puerto	Rican, etc.)	Bieck, Whi		0
21215-0020	filed within 72 h Hygiene. ither than "natu ant, tre Medical	Be Completed	15. Decedent's Educ (Specify only highest greda Eiementery/Secondery (0-12)	ation completed) College (1-4or 5+)	6a. Decedent's Usuel O (Give kind of work d life. DO NOT use n	ona during most of work	ing 16	b. Kind of Business		Store
	al Hyg	BeC	17. Fether's Neme (First, Middle, Last)	1/ 1///		18. Mothar's Nam	a (First, Middle, Me			
Maryland	should be nd Mental merked o umetic evi	2	James H. 1	Naddell		Verr	ell :	Brook	S	
	Pages 1 and 2 nent of Health a int: If item 27 is ury or other tra		19a. Informant's Neme/Reletionship (Typ) Mr. James H. 20a. Mathod of Disposition	Waddel 4	19b. Meiling Address (SI 1954 Mau a of Disposition (Neme of	sshill Ro	1. Holly	VOOd, S. (C.29	7449
imo			1 Buriel 2 ☐ Cremetion 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	moval from Stete	It, Zion	piece)	15/96 1	ansdou	une,	Md.
Baltimore,	permit. Departr imports any inje		21. Signature of Funaral Service Licanies	C. Kuss	22. Neme and A Joseph	w. North	Fune Ave. B	ral Horalto. Mo	ne 1. 212	216
	Dhusiaian		23a. Parv. Enter the disease, or complic shock, or heart tollure. List only one	altons thet causad tha death. I e ceusa on each line.	Do not enter the mode of	dylng, such as cardiac	or respiratory arrest	l,	Interve	ximate al Between and Death
	Physician /Medical Examiner		tmmedieta Causa (Finel disaase or condition resulting in deeth) a.	_	umonia a consequenca of):				Two	weeks
	be a sit	Examiner	b .	Retro	viral in	ection			Ten	years
oʻ	an and rial-tran	Ехаг	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	Due to (or as	e consequence of):				1	
x 68760,	that the death certificats be executed of by the attending physician and detached for use as the burial-transit	edical	Cause (Disease or Injury that initiated events resulting in deeth) Last	Dua to (or as	a consequenca of):					
Box	death certified attending ad for use a	Physician/M	Part II. Other significant conditions conti	ributing to death but not resulting	g in the underlying caus	e given in Pert I.	23b. Did toba	acco use contribut	te to the ca	use of death?
s, P.O	es that the igned by the be detach	by Phy					1 🗆 Yes	2 No 3 □ F	Probably	4 Unknown
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			Or We was a few at a second				1 ☐ Yes	SANO	1 🗆 Yes	2) No
Ž	Physician: this cartific ral director,	To Be	25. Was case referred to medical exeminer? 1 Yes 2 No	ospitel: Impatient 2 ER	Outpatient 3 DOA	Other	h <i>(Check</i> on <i>ly</i> one) ma 5 ☐ Rasideno	ce 8 FlOther (So.	ecify)	
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	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edical	29a. Certifler (Check only one) Certifying Physic 2 Medicat Examine	ctan: To the best of my knowled or: On the basis of examinetion and manner stated.	age, deeth occurred et the end/or investigetion, in i	ne time, dete and pleca, my opinion, death occuri	and due to the caus red at the time, dete	se(s) and manner a s and place, and du	is stated. ie to tha ca	use(s)
	To the To the complex	×	29b. Signeture end title of certifier	, ,,,		cansa number	A	l. Data signed (Mon		
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Film G73	38	State of Maryland / Department of Health and M item 7 per FH 8-15-96 rja Certificate of Death		giene 9	5 2	4246	
Physicia /Medic		1. Decedant's Nama (First, Middle, Last) RACHEL THUKU	2. Data of De Month AUG	Day	Yaar 996	3. Time of Death 2/25	
Examin		4a. Facility Nama (If not institution, give street and number) MELCY MEDICAL CENTEL 4b. City, Town, or Lot BACTO. M	d	4c. County	of Death		
Funeral Director		5. Social Sacurity Number 6. Sax 1 M 2 F 62 3 Yrs. 7. Aga (In yrs. last birthdey) 62 3 Yrs. 6. Sax 1 Months Days Hours Min. 1 Usual Rasidence of Dacedant	8. Data of Bir (Month, De	y. / 33	9. Birthpla Countr	ca (Steta or Foreign	
the Maryland 28a-f show	tor	10a. Stata 10b. County 10c. City, Town or Location . Md Balto Pi Kesville			100	d. tnside City Limits	
ith with the 23a or 28 ust be not	rai Director	10e. Street and Number SIH Milford Mill Rd 21208		10g. Citizen of W	S - A	77	
aryland 21215-0020 should be filed within 72 hours after death with the Manyland nod Mental by fighter. Interest other than "refurs!", or items 23s or 28s-4 show umstic event, the Medical Examiner must be notified at	by Funeral	11. Marital Status 1 Nevar Marriad 2 Married 3 Widowed 4 Divorced 12. Was Decedant Evar in U,S. Armed Forces? 1 Yas, 2 No If Yas, specify Cuban, Maxican, Puarto Full Yas, Siya Yaar or Datas: 13. Was Decedant of Hispanic Origin? (Specify Yas, specify Cuban, Maxican, Puarto Full Yas, Siya Yaar or Datas:	cify Yas or No Rican, atc.)	- 14. Race Black Specify:	- Amarica k, Whita, at		
and 21215-0020 be filed within 72 hours at fall hygiens of dether than "natural; or event, the Modical Exam	Be Completed	15. Decedant's Educetion (Specify only highest grada complated) Elamantery/Secondery (0-12) Collega (1-4or 5+) Collega (1-4or 5+) Collega (1-4or 5+)	ng	Social			
Baltimore, Maryland 212: permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygere. Important: If Itam 27 is merked other than any Injury or other traumetic event, the Monte.	To Be C	17. Fathar's Nama (First, Middle, Last) Richard Henry Ford May	Brow				
B, Mar and 2 sh lealth and m 27 is m		19a. Informant's Name/Ralationship (Type, Print) Vanessa Dartez Daushter 814 Milford Mill	Rd	Balto,	md	21208	
Baltimore, emit. Pages 1 ar Separtment of Heal mportant: if Itam 2 nny injury or other nns.			Data 116/04	word l			
Balt pemit. Depart Import any in		21. Signature of Funeral Sarvice Licensee 22. Nama and Address of Facility March F. H - W4 4300 was bas h	Ave				
hysician /Medical Examiner	er	23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac of shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) Due to (or as a consequence of): HEART FAILURE.				Approximate interval Between Diset and Death	
3760 Ite be nysicia	70	dicai	Sequantially list conditions, if any, leading to immadiate ceuse. Entar Underlying Causa (Disases or injury that initiated events resulting in death) Last b. Sevel CARROTOM TO PATTY Dua to (or as a consequence of): c. Dua to (or as a consequence of):				
P.O. Bo	Physician/Me	Part tt. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.				he cause of death?	
	þ	144PENTENSION	1 Yes 2 Wo 3 Probably 4 Unkn 24a. Was an eutopsy performed? 24b. Wara eutopsy finding availabla prior to complation of causa of death?				
ital Rec	Completed		10	ras 2 No	of de		
of Vital Physician: The	To Be			dance 6 Othe	ar (Specify)	ER	
Division of Vital Records, To the Hospital or Attending Physician: The law requires the within 24 hours after death. To the Funeral Director: After this certificata has been signed completely filled in by the funeral director, page 2 should be completely filled.	Certification:	1 Matural 5 Panding (Month, Day Year) injury Work? 2 Accidant investigation OS 12 96 × 8:30 PM 1 Yeas 2 1 No		how injury occurr Street and Number vn, Stata)		Route Number,	
Hospita 124 hours Funeral	edicai C	29e. Certifier (Check only one) 1. Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, a construction of any manner stated.	and dua to tha ad at tha tima,	causa(s) and ma data and place, e	nnar as sta and dua to t	ted. ha cause(s)	
To th withir To th comp	Me	29b. Signatura and titla of certifiar Agai M. Stare, NO 29c. Licensa number D 37125		29d. Data signed	(Month, D	ey, Year)	
		10 30110 01	Paul F	Place	Ba H	and znor	
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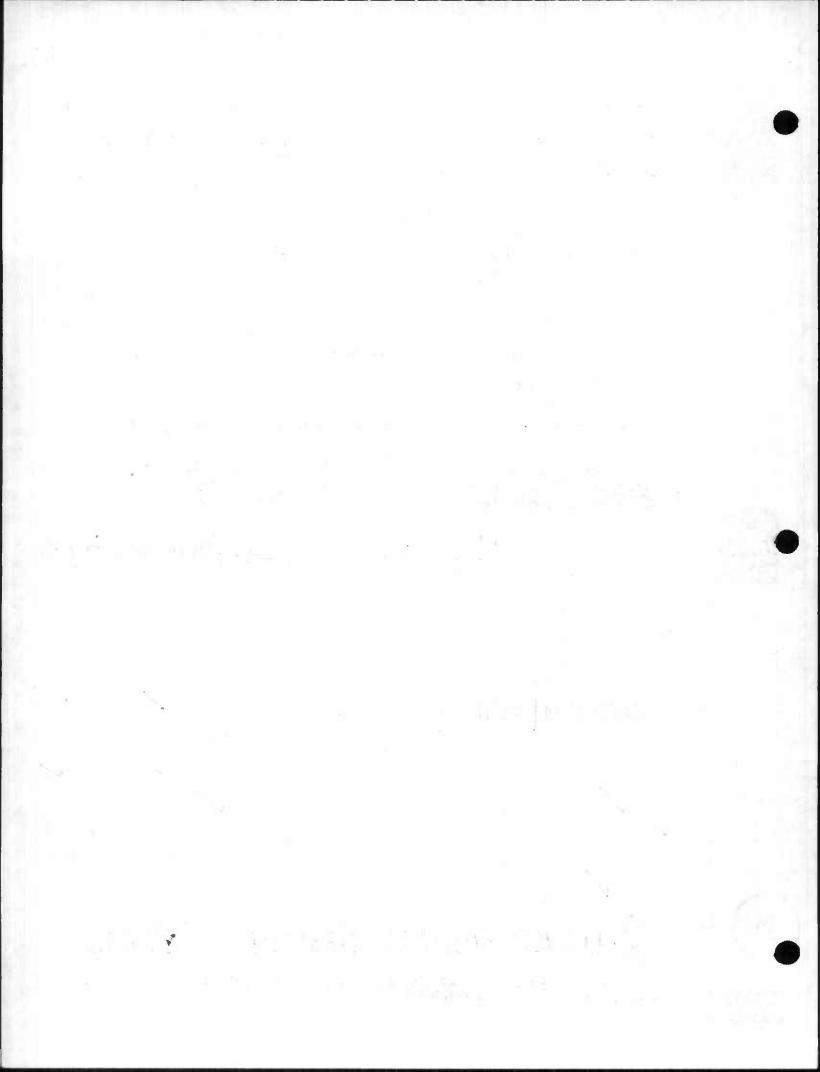
State of Maryland / Department of Health and Mental Hygiene 96

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						Cei	rtificate	of	Death		Reg. No.		C 4 C	+ /
Observe	1-1	1. Decedent's Neme (Firs	, Middle, Last)						2. Date of De	eth Dey	Yeer	3. Time of C	Death
Phys /Me	dicai	Anna Marie Tracy							Aug 1			7:28	AM	
	niner	4a. Facility Neme (If not in	stitution, give	street and numb	er)			4	b. City, Town, or L	ocation of Deet	4c. Count	y of Death		
		1929 Bul	ls Saw	mill Rd.					FREELAN	D	BALT	IMORE	9	
Funeral Director	_	5. Social Security Number 217-20-4984 Usuel Residence of December 1		х] м 2Д F X	Age (In yrs. las	Yrs.	If Under 1 Months I	Year Deys	If Under 24 Hrs. Hours Min.	8. Date of Bir (Month, De March	y, Year)	9. Birth Cou MAR	plece (Stete or ntry) RYLAND	Foreign
fand fand			County		10c. City,	Town or Lo	cation						10d. Inside City	Limits
Mary H sh	ţ	MD B	altimo	re	Fı	reela:	nd						1 ☐ Yes 2	2 🕅 No
r 28a	Director	10e. Streat and Number					10f. Zip C	ode			10g. Citizen of	Whet Cou	ntry?	
h wit		1929 Bu	lls Sa	wmill Rd	١.				21053		USA			
Maryland 21215-0020 d 2 should be filed within 72 hours after death with the Manyland th and Mental Hygiene. The marked other than "natural", or Hems 23s or 28s-f show traumstic event, the Medical Externing Invest be notified as	by Funeral	11. Marital Status 1 Never Married 2 3 XWidowed 4 D		12. Wes Decede Armed Force 1 Tyes 2 if Yes, Giva Yeer or Date	s? XNo		Was Deceder f Yes, specify		ispenic Origin? (Sp in, Maxican, Puerto Specify:	pecify Yes or No Rican, etc.)		14. Raca - American Indien, Black, White, etc. Specify: WHITE		
5-0 72 ho	pet	15. De	ecedent's Edu	cation		16a. Deced	dent's Usual (Occup	ation	via a	16b. Kind of E	Business/Ir	dustry	
ithin ithin	Completed	(Specify only highest greda complated) Elamantary/Secondery (0-12) College (1-4or 5+)			or 5+)	lifa. l	DO NOT use	retired	during most of work)	ang				
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aryland 2 should be filed and Mental Hygin marked other imatic event, to	Be	17. Fether's Neme (First, I		1					18. Mother's Nam			me)		
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Mar d 2 sh th and 7 is m		19a. Informent's Nema/Re							end Number or Rui) Code)	
CO TO MY IN		Susan 20e. Method of Disposition		ster	20b. Plac	e of Dispo	sition (Neme	of	unt Rd.,	Monkto	n, MD 2	1111 - City or T	own State	
Baltimore, semit. Pages 1 ar Separtment of Hea mportant: If them: my injury or othe		1 M Buriel 2 ☐ Cren	nation 3 🗆 F	emoval from Sta	te cam	etery, cren	netory or other	er plec		16	Loo. Loodian	Ony or 1	Juni, Otato	
Harrier Park		4 Donation 5 0		10.	rieac		dge Cer	-		AUG	Elkridge	e, MD	-	
Baltimo pamit. Page: Department of Important: If I any injury or	8		LEMMON FUNERAL HOME 10 W. Padonia Rd., Timonium, MD 21093											
Name and Address of the Owner, where		53a Putt Foter to dice	asa oz compl	Topology that com	and the death	Do not out	O.W.	Pad	donia Rd	., Timo	nium, I	MD 2		
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Physicia /Medica		Immediate Cause (Final		N	11/11/	Hrs +	50 0	111	19 CO	2 /8	MMM	10tz	2110	_
Examine	HF.	disease or condition resulting in death)	19		Due to (or a	1100	102	ZV	190	1.10	1001/11	40	341	-
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O, and and and and and and and and and and	E	Sequentially list conditions if any, leading to immedia cause. Enter Underlying												
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to death the attent had for a	Physician/	Part II. Other significant o	onditions con	tributing to death	but not resultin	ng in the ur	nderlying cau	se give	en in Part I.	23b. Did	tobacco use ç	ontribute t	o the cause of	death?
d but the deby details	b	COPE	an	1 ar	tery	dû	olas	20		10	Yes 21 No	3[] Pro	bably 4 U	inknow
Records, in law requires II thas been signe gs 2 should be to	Completed									24a. Was perfo	an autopsy rmed?	- av	ere autopsy fin silable prior to impletion of cau	
Per line	I de										/	of	death?	-
A 30 00										101	Yes 2LTNo	1	Yes 201	0
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Physics of the standards	-	1 ☐ Yes 25 No. 27. Maryler of Death		1 Impa 28a. Date of Ir		VOutpatien 8b. Time of	-	1	4LI Nursing Ho		dence 6 DOt how injury occur		y)	
On ding	ફ		Pending nvestigation		Day Year)	Injury	м	Work	res 2□No			1125		
DIVISION or Attending after death. Director: After	Certification:	3 ☐ Suicide 6 ☐	Could not be determined	28e. Place of	Injury - At home	, farm, str	eet, factory, o	ja festi me	VID. (0-1911)	28f. Location (Street end Num	ber or Run	al Route Numb	er,
d age	F	4 Homicide	/	building,	eta. (Specify)					City or To	wn, Stete)			
Ours V	With the Control of	29e. Cartifier 11/2 Co	rtifying Phys	Ician: To tha be	st of my knowle	dga, daath	occurred at	tha tim	e, dete and placa,	end due to the	ceuse(s) end m	ennar as s	itated.	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	edical	(Check only 2 Me	dical Examir	er: On the basis and manner	of exeminetion	and/or inv	restigetion, In	my or	pinlon, death occur	red et the time,	dete and piece,	end due t	the ceuse(s)	
A POR	2	29b. Signature and title of	entifier	10.	1 ~	1	29c. L	icense	number		29d. Dete algne	ed (Month,	Day, Year)	
		1 1/W	the	MI	vol/	M	D	d	8544		8/13	519	6	
		30. Neme end address of p	erson who co	mpleted cause o	f daath (Item 23	Ba) (Type, I	Print)						(
		Ru	h Kant	or M.D.	. CRMC	Pavil	lion V	Wes	t. Suite	210. To	wson. N	m 21	204	

DHMH 16 Rev 6/95

State Registrar



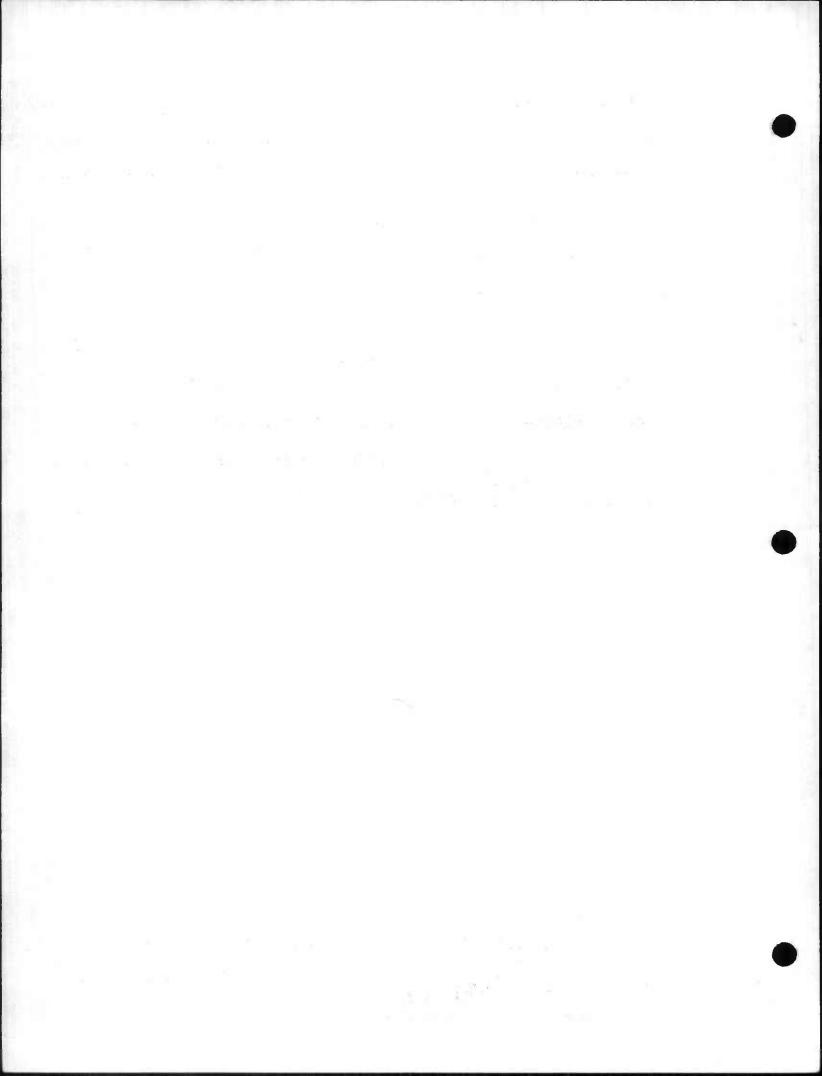
State of Maryland / Department of Health and Mental Hygiene

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						Certifica	te of	Death		Reg. No.	- ba	- 11-70	
	Physic	ian	1. Decedent's Nema (First, Middla, L						2. Data of D	Day	Year	3. Time of Deeth	
	/Medi			HTAYLO					Aucous	T10,	1996	[1:13 Pu	
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	Funeral Director		218-30-5120	Sax 7. [®] A 1□ M 2⊠ F	ge (In yrs. last 79	Yrs. If Und Months	ar 1 Yaar B Deys	if Under 24 Hrs. Hours Min.	8. Data of B	irth Year) 5, 1916	9. Birthplac Country BISHOF	VILLE, SC	
	land and		Usual Rasidance of Decedant 10a. Stata 10b. County		10c. City, To	own or Location					10d	I. Insida City Limits	
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	ith the Marylar or 28s-f show or notified st	rec	10e. Street and Number	.,			ip Coda	2 . h . ~		10g. Citizen of	What Country	n	
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020	or Items	by Funeral Director	11. Maritel Status 1 Naver Married 2 Married 3 Widowed 4 Divorced	12. Was Decedan Armed Forces 1 Yas 2 If Yas, Give Yaar or Datas:	t Evar In U,S. ? XIo	13. Wes Dec	ecify Cub	dispanic Origin? (Si en, Maxican, Puert Specify:	pecify Yes or No Rican, atc.)		ce - American ick, White, etc fy: BLAC	C.	
9-0	"natural",	2	15. Decedent's I	Education		Sa. Decedent's Us	ual Occup	pation		16b. Kind of B	Jusinass/Indu	stry	
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	Health Health John 27		DEBORAH HERN	IDON	Tool By			ELD ROAD,		7	21208		
Baltimore,	Page nent o int: Iff		20a. Method of Disposition 1 □ Buriai 2 □ Cramation 3 □ 4 □ Donation 5 □ Other (Spec	ify)	ceme	of Disposition (Mary, cramatory or NATIONA	other ple	EMETEY	8-16	20c. Location	L, MAR		
Ball	permit. Pag Department Important: h any Injury o		21. Signeture of Funaral Sarvice Lice	ensaa A	085	22. Nama (ARCHFH1	101 E	. NORTH	AVENU	ΙE	
			23a. Part1. Entar tha diseesa, or cor shock, or haert failura. List only	nólicetions that cause y ona cause on aech	d the death. D	not antar tha mo	da of dyir	ng, such as cardiac	or respiretory	arrest,	i Ir	opproximata Interval Between	
Y	Physician										0	Onset and Death	
4	/Medical Examiner		Immadiata Causa (Final disaasa or condition resulting to death)	a. Con	gestre	is (the	eri	Fai	and			1 year	
		<u>ا</u>			Due to (or es	a consequanca of):						
	uted J Insit	Examiner									- 1		
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39 X	ing ph	Med	rasawing in additity cast										
g B	eath ce ettendi I for us			d									
0	0 0 0	Physician	Part il. Other significant conditions	contributing to death	but not rasuiting	in the underlying	causa giv	van in Part i.	23b. Did	i tobacco use co	intribute to th	he cause of death?	
<u>α</u>	ad by detac		COPD						10	Yes 2□ No	3 Drobal	bly 4 Unknow	
Records,	S 6 8	d by	10	- In					24a Wa	s an autopsy	24h Wers	eutopsy findings	
S	v require been si should I	Completed	Hyper Cens	con					per	formed?	avalla	abla prior to piation of cause	
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	delan: The certificate rector, pag		25. Was casa raferred to medical	1						Yas 2 No	1 🗆 ነ	Yas 20040	
of Vital		To Be	axaminer?	Hospitai:	lent 2 ER/	Outpatient 3 0	Oth	26. Place of Dea		ona) sidance 6 □Otr	har (Specific)		
	g Physer this seral di		27. Menner of Death	28a. Data of Inj (Month, Da		o. Time of	28c. tnjur Wor			how Injury occur			
0	Attending Ph or death. ector: After th by the funeral	atio	1 ☑Natural 5 ☐ Panding 2 ☐ Accidant invastigation		ay rear)	Injury M		Yas 2□No					
Division	al or Attendes s after death if Director: ed in by the	Certification:	3 Sulcida 4 Homlcida 6 Could not be determined 28a. Placa of Injury - At homa, farm, street, factory, office building, atc. (Specify)						28f. Location City or To	(Street and Numi own, Stata)	ber or Rural F	Route Number,	
	To the Hospital or A within 24 hours after To the Funeral Director Completely filled in b.	edical (29e. Cartifiar (Check only one)	hysician: To the best miner: On the basis of and manner s	of axamination	iga, daath occurre and/or invastigatio	d at tha tir n, in my c	ma, data and place pinion, death occu	, and dua to the rred et tha time	e cause(s) and m , data and place,	anner as state and dua to th	ed. na causa(s)	
	withir To th	M	29b. Signature and title of certifier	7 7 2	4.	2:		e number		29d. Deta signe		ıy, Year)	
	7		102/2	and	my		Do	faral		Aubles	27 1	0,1914	
•	4		30. Name and address of person who	complated causa of	daath (Itam 23s	a) (Type, Print)		of chu		10 =		20	
-	1		A.T. ILM	PERIN	L, J7	2	N	oi Ch W	usi	(Horm	las	Calles	
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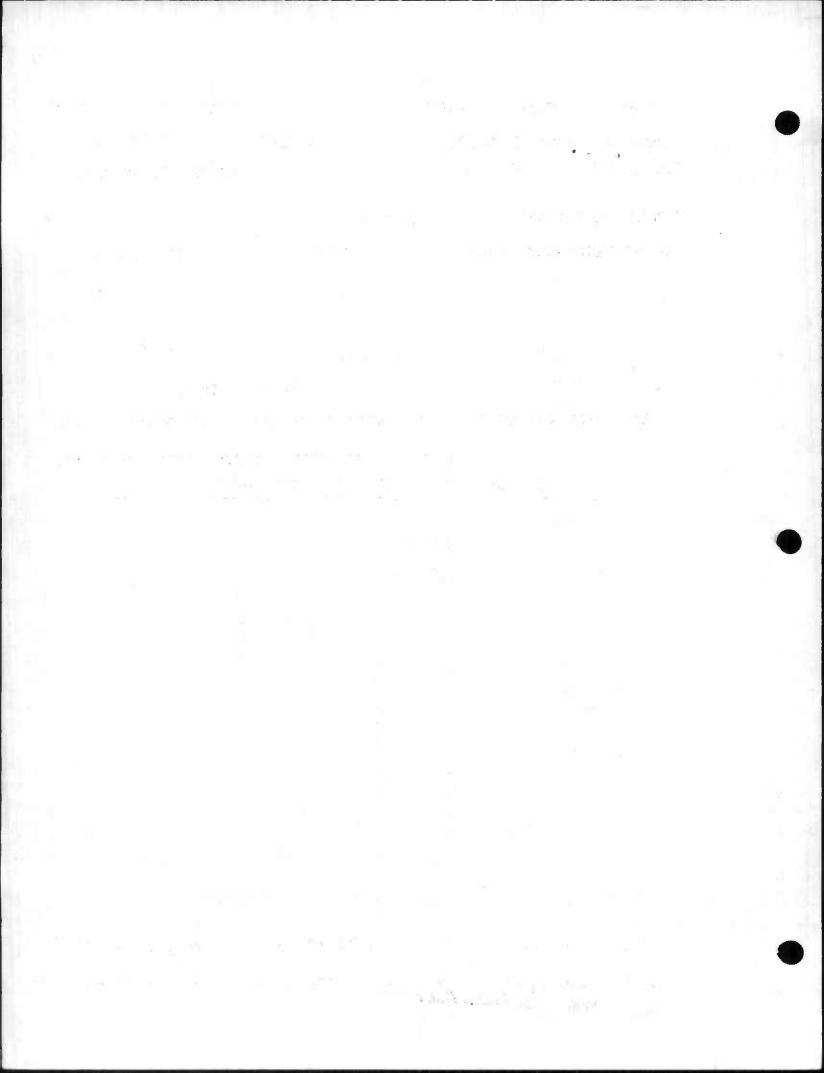
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State of Maryland / Department of Health and Mental Hygiene 96

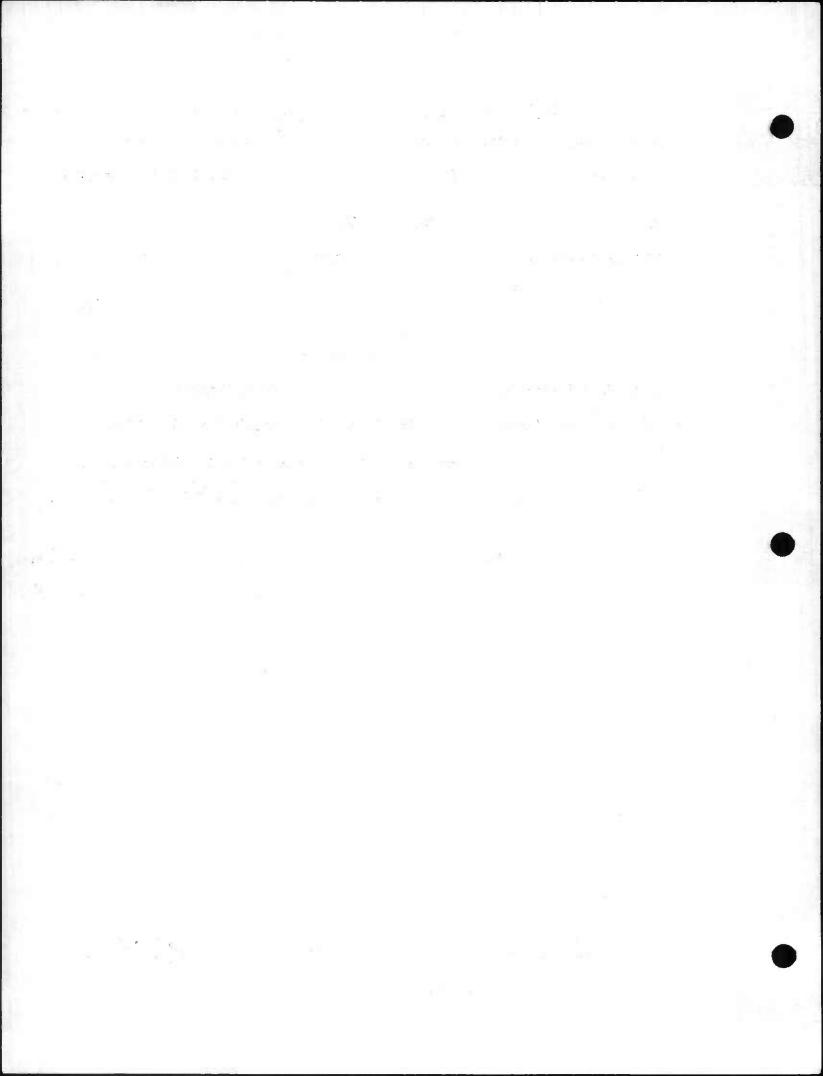
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						Certifica	ate of	Death		R	leg. No.		にずにかり	
П	Physic	ion	1. Decedent's Neme (First, Middle,	.ast)					2	Dete of Dee Month	th	Veer	3. Time of Deeth	
J	Physic /Medi		ETHEL	HILDA	WATKIN	IS			1	AUGUST	11,199	6 Yeer	19:55	
И	Exami		4e. Fecility Neme (If not institution, g	ive street end number)				4b. City, Tow	n, or Loca	tion of Death	4c. County	of Deeth		
L			SHADY GROVE AD					ROCKV				GOMER'	Υ	
	Funerai Director		218-20-0836	Sex 1□ M 2X F 7. Age ((In yrs. last bii	Yrs. If Un Month	der 1 Year ns Deys	Hours	Min.	Date of Birth (Month, Dey ULY 17	, 1911	9. Birthple Count MARY	ece (Stete or Foreig ry) LAND	
	pue * _		Usuel Residence of Decedent 10e. Stete 10b. County	1	I0c. City, Tow	n or Location						10	d. Inside City Limits	
	Manyle f sho	5	MARYLAND MONTGO			HERSBU	D.C					10	1 ☐ Yes 2 ☑ No	
	the 1	Director	10e. Street end Number	12.11	UATI		Zip Code			-	log. Citizen of	What Count		
	ath with	iral Di	127 WASHINGTON				208		1	l	JNITED	STATE	S	
21215-0020	hours after death with the Maryland Lural; or Itams 23s or 28s-f show at Examiner must be notitled at	by Funeral	11. Maritel Status 1 □ Never Married 2 □ Married 3 ☑ Widowed 4 □ Divorced	12. Wes Decedent Even Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates:	er in U,S.	If Yes, s	cedent of H pecify Cube 2 2 10	lispanic Origin en, Mexicen, i Specify:	n? (Speci Puerto Rid	y Yes or No- an, etc.)		ce - Americe ck, White, e y: WH		
5	hin 72 hours b. In "natural", Medical Ex	Completed	15. Decedent's (Specify only highest of	Education (rede completed)	18e.	Decedent's U (Give kind of life. DO NOT	suei Occup	etion during most o	of working		16b. Kind of B	usiness/Indi	ustry	
121	within 72 ene. than "nat	ig m	Etementery/Secondery (0-12)	College (1-4or 5+)				3)			OWN H	OME		
	D D b	ပိ	17. Fether's Neme (First, Middle, Let	0		HOMEMA	AKER	40 14-15-4						
and	a de de	Be	EDGAR MOUN	•						First, Middle, Meiden Sumeme)				
Maryland	d 2 should th end Men 7 is marke traumatic	2	19e. Informent's Neme/Relationship		106	Mallion Addr	/C44	NOI		BURNS ural Route Number, City or Town, State, Zip Code)				
<u>S</u>	42 42 42 43		BARBARA A. REED, I	1 21 1										
ē,	2 9 E E		20e. Method of Disposition		20b. Place of	Disposition (A	leme of				20c. Location		0. 20877	
Baltimore,	permit. Peges Department of Inportant: If Ite any injury or of		1 Suriel 2 □ Cremetion 3 4 □ Donetion 5 □ Other (Spec	Removal from State		sville	CEME	TERY	8/1	4/96	LAYTON			
Ra	Depart Import any in		21. Signeture of Funeral Service Lic	onsee H. Ba	rher)	MURIE P. O	and Addre	BARBEI	R FUN	IERAL H	IOME			
	11111		23e. Pert 1. Enter the disease, or co	mplications that caused th	e death. Do	not enter the m	ode of dyln	ig, such es ca	LAYIU ardiac or r	INSVILL espiretory ern	E, MD.	20882	Approximate	
	Physician		shock, or heert feilure. List onl	y one couse on each line.									tnterval Between Onset end Deeth	
	/Medicai	Immediate Cause (Final disease or condition resulting in deeth) e. Cerebral Vescular Accident,										1	one du	
	Examiner		resulting in deeth)	e. CZ M	ie to (or es e	consequence	of):	10 -10	/			t	one dan	
-	D Æ	ne		6 Atrice	fibo	Matis	h						Sine ven	
	and trans	Examiner	Sequentially list conditions,	Du Du	e to (or es e	consequence o	f):						1.00	
Ď,	Se ex	E E	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury c. diabetic mellitas									ten vens		
68/60,	ohysi the t	edical	that infileled events resulting in deeth) Lest Due to (or es e consequence of):											
×	eath certificate be executed attending physician and for use as the bunel-transit	2	ten to a pertension									en year		
20	es that the death or igned by the attend be detached for us	clar	Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I.											
	the d	lys											the causs of death	
	that ned b	by Pi								1 🗆 Y	ss 2 No	3 ☐ Probe	ably 4 ☐ Unknow	
VII A HECOLOS,	requir seen s hould	Completed b								24e, Wes e perform	n autopsy med?	com	re eutopsy findings leble prior to apletion of cause	
	The law ste hes b page 2 s	mc								4 D V	- o\200		eath?	
Ö	certificate rector, pag		25. Wes cese referred to medical					00 Pi	10	1 □ Ye		10	Yes 2□ No	
>	Physician: this certific	o Be	exeminer?	Hospitel:	2□ER/Ou	tpatient 3 1	Oth Oth	ar-		heck only on		/Cif i		
5	Phys eral di	ı: ⊥	27. Menner of Deeth	28e. Dete of Injury	28b. T	Time of	28c. Injun				ence 8 Oth			
5	Attending or death. ector: After by the fune	atlo	1 Neturel 5 ☐ Pending Investigation	on (Month, Dey Yo	ear) li	njury M		k? Yes 2 □ No						
DIVISION OF	To the Mospital or Attending Physician: The I within 24 hours after death. To the Funeral Director: After this certificate his completely filled in by the funeral director, page	Certification:	3 ☐ Sulcide 6 ☐ Could not determined		- At home, fe Specify)	rm, street, facto	ory, office		28f	Location (St City or Town		er or Rural	Route Number,	
	ospital hours a uneral ily filled		29e. Certifier (Check only Cartifying P	hysician: To the best of m	ny knowledge	, death occurre	d et the tin	ne, dete end p	otece, end	due to the ce	euse(s) and me	enner as ste	ted.	
	the H in 24 the Fi	ledical	one)	miner: On the basis of ex end manner steted	d.				occurred	et trie time, da	ate and plece,	and due to t	ne ceuse(s)	
	To the within 2 To the comple	Σ	29b. Signeture and title of certifier				9c. Licenso				9d. Dete signe			
			It It vi-L	·un	mp		N3.	4969		1	tuguet	- 12.	1896	
			30. Neme end eddress of person who	completed ceuse of deet	h (Item 23e) (Type, Print)					0		1896 mp 2085	
			H. Victor chia		107/	redical	cent	en Pr	· Su	te 321	Rock	ville, 1	no rosto	
	Sta	_	31. Dete filed (Month, Dey, Year)	32 Degistrar's	Singline									
	Registr	ar	AUGT 9 1990	0										



State of Maryland / Department of Health and Mental Hygiene 96 24250

						Cei	rtifica	te oi	Death		F	leg. No.				
	Physic	ion	1. Decedent's Neme (First, Middla, L	ast)							2. Dete of Dee Month	oth Day	Year	3. Time of I	Death	
1	/Medi		-	Rober T	L.		u	1417	Con		Aubus	112,	1946	011	f	
?	Exami	ner	4a. Facility Neme (If not institution, gi PENINSULA REGION	THE THE PARTY	CENTE	R					ocation of Death BURY	W	of Death	СО		
	Funeral				(In yrs. last		If Unde	r 1 Yaa		24 Hrs. Min.	8. Dete of Birth (Month, De) Oct.	Year)	9. Birthp	laca (Stete or	Foreign	
	Director			1 M 2 D F	57	Yrs.					Oct. 1	, 1938	Mari	iland		
	and w		Usual Rasidence of Decedent 10e. State 10b. County		10c. City, To	wn or Lo	cation						1	0d. Insida City	Limits	
	e Mary	Director	Va.		Gre	enba	ickvi	lle						1 ☐ Yes		
	1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	듬	10e. Street and Number				10f. Zi	p Code				10g. Citizen of	What Cour	t Country?		
	ath w	ā	2370 Mayflower Dr. 23356								USA	JSA				
	er de	Funerai	11. Merital Stetus	12. Was Decedent E Amed Forcas?		13.	Was Dece If Yas, spe	dent of ecify Cu	Hispanic Ori ban, Mexicar	igin? (Sp n, Puerto	ecify Yas or No- Rican, atc.)		ck, White,			
5-0020	ges 1 and 2 should be filed within 72 hours after death with the Maryland it of Health and Mental Hygiene. If item 27 is marked other than "natural", or items 23a or 28a-f show or other treumatic event, the Medical Examinal must be notified at	by	1 Nevar Marriad 2 Merried 3 Widowed 4 Divorced	1 ⅓ Yas 2 ☐ N If Yas, Give Yeer or Detes:	1 ⚠ Yas 2 ☐ No If Yas, Give Yeer or Detes:			1 ☐ Yes 2 ☒ No Specify:					Specify: White			
15-0	in 72 h	Completed	15. Decedent's E (Specify only highast gi	rada completed)	16	16a. Decedent's Usuel Occupation (Giva kind of work done during most of working life. DO NOT use retired)						16b. Kind of B	usiness/In	dustry		
2121	filed within Hygiene. ther than "	E	Elementery/Secondery (0-12)	ementerly/secondery (0-12) College (1-40f 5+)								MKg.				
Þ	office of the	BeC	17. Fether's Nema (First, Middle, Las	()					_	er's Nem	e (First, Middla,	00	- 00			
la	Aental rked o	To B	Henry H. White	omb Sr.					A	da F	. Turnb	vrnbaugh				
Maryland	2 should be filed with and Mental Hygiene. Is marked other that eumatic event, the		19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or I									r, City or Town	Steta, Zip	Code)		
	1 and 2 Health em 27 I		Stephen D. Green	/ nephew			Bisho			estr	unster,	Md. 2	1157			
ore	of He		20a. Mathod of Disposition 1X Burial 2 ☐ Cremetion 3 [Removel from State	20b. Piece ceme	of Dispo tary, crer	sition (Ne natory or	me of other pi	ace)	i	Deta	20c. Location	City or To	wn, Stata		
	Part Part		4 Donetion 5 Other (Special		Ever	reer	1 Mem	. G	ardens	8-	15-96	Finksbu	rg, N	ld.		
	permit. Pages 1 e Department of Her Important: If them eny injury or othe once.		21. Signeture of Funarel Sarvice Lice	ensee		22	2. Nama a	nd Add	ress of Fecili	y 11	824 Rei	stersto	wn Ro	ad		
			23a. Pert1. Enter the disaasa, or con	Touch							Reiste		Md.	21136 Approximete Interval Betw		
	Physician /Medical Examiner	ner	Immediate Causa (Final disease or condition resulting in deeth)		Due to (or es	e consec	quence of	:			TION USEAS		1	Onset and D	h s	
ox 68760,	h certificate be executed anding physician and use as the burial-transit	n/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last	c	Due to (or es	a conseq	juence of)	:								
	the atter	sicie	Pert II. Other eignificant conditions	contributing to death bu	t not rasulting	in tha u	ndeifying	causa	ivan in Part I		23b. Did to	obacco use co	ntribute to	the cause of	death?	
P.0	es that the de igned by the be detached	Physician		•							101	-		bably 4 U		
Records,	aw requir	Completed by									24a. Was a perfor	an eutopsy med?	80	ara autopsy fir ailable prior to mpletion of ca deeth?		
E E	는 음 점	S									1□ Y	es 2 No	1[Yes 2	10	
Vita	ysician: The	Be	25. Wes case referred to medical examiner?	Hospitel:						of Deat	h (Check only or	na)				
on of Vital	ng Phys fter this ineral di	ition: To	1 Yes 2 No 27. Manner of Deeth 1 Neturel 5 Pending 2 Accident Investigation	Outpatien Time of Injury		28c. Inj			ome 5 Residence 8 Other (Specify) 28d. Describe how injury occurred							
Division	tal or Attendi	Certification:	Solicide 4 Homicide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number City or Town, State)							ber or Rura	I Routa Numb	er,				
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edical	29a. Certifier (Check only one) 1 Certifying Pl	hyelclan: To the best of miner: On the basis of and mannar stat	examinetion (ge, deeth end/or inv	occurred vastigetion	et the	time, dete en opinion, dee	d pleca, th occur	and dua to the cred et the time, c	ause(s) end milete end piece,	enner as si and due to	eted. the cause(s)		
	To the within 2 To the complete	Me	29b. Signatura and title of certifiar	7000			29	c. Licar	nsa number		2	9d. Data signe	d (Month,	Day, Year)		
			Mar De-					h	3831	-)		8/17	191	/		
	1//		30. Neme and address of person who	completed cause of de	eth (item 23e) (Type.	Print)		70 0 3	J		116	7	•		
	W		RENE DESMAI	LAIS 56	o Riv	ans	1119	m	13	261	Bung	mo	21801			
	Sta		31. Dete filed (Month, Dev. Year)	32. Registre	o organization	delle				7.4						



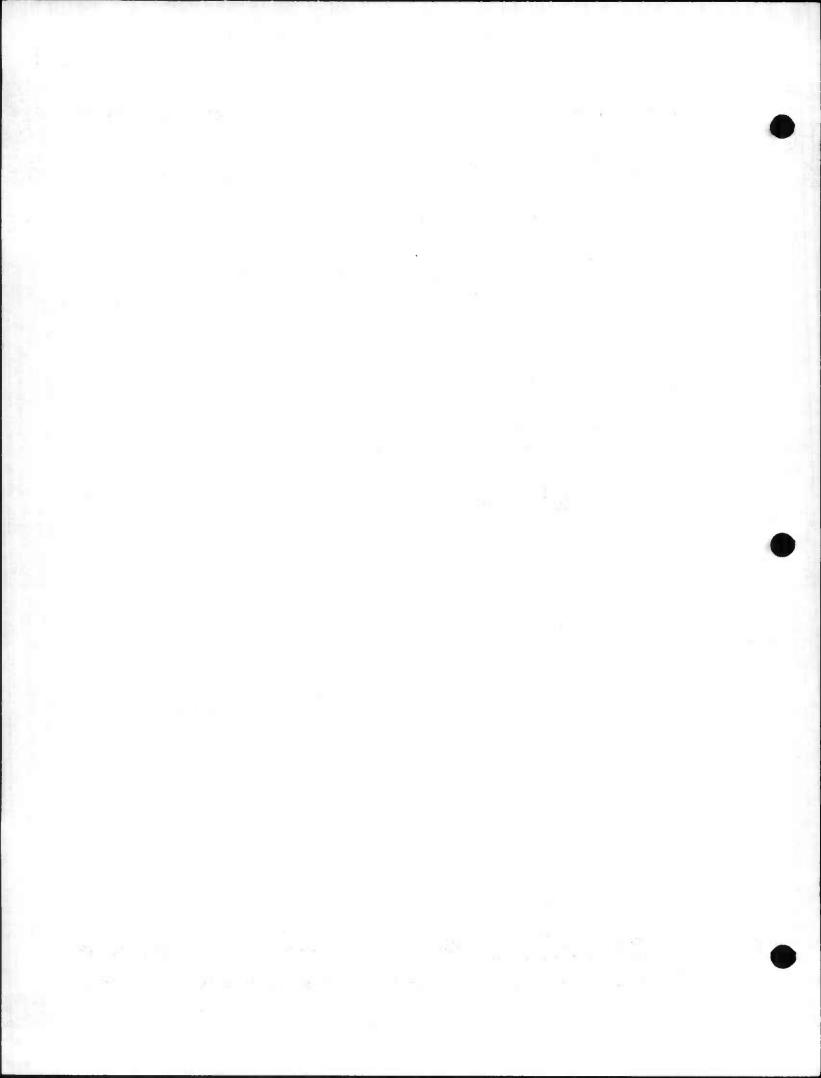
State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Veer **Physician** LUKE WILLIAMS 1996 August 08:10 A.M. /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** NIA Hospital Vanes If Under 1 Yeer If Under 24 Hrs. 9. Birthpiace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funerai** 100M 20 F Months Days Hours Min. 250-28-0971 5.C. Yrs Director Usual Residence of Decedent the Meryland 10a. State 10b. County 10c. City, Town or Location 10d, Inside City Limits item 27 is marked other than "natural", or itema 23a or 28a-1 aho other traumatic event, the Medical Examiner must be northed at IA Balto Yes 2 No 10 Director 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code 3503 Edmondson U.S.A Ave 21229 death Funeral Was Decedent Ever In U.S. Armed Forces? 14. Rece - American Indian, Black, White, etc. Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritei Stetus permit. Pages 1 and 2 should be filed within 72 hours after or Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or ites 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 ☐ Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: Black þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) College (1-4or 5+) machine Operator A 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Be Williams 551e ames Jackson 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Son 2216 Balto, md Clouille Ave 21214 Williams 20b. Piace of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Dete 20c. Location - Cify or Town, Stete 8/16/94 1 Bunei 2 □ Cremation 3 □ Removal from State Injury or Ba Ito, ma ouden Park 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funaral Service Licensee 22. Name and Address of Facility March F.H-west Are 4300 wabash 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** Several /Medical Immediate Cause (Final SEPTICEMIA disease or condition rasulting in death) Days Examiner Due to (or as a consequence of) Several Examiner BRONCHOPNEUMONIA, BILATERAL Days The law requires that the death certificate be assouted physician and the burial-tran Sequentially list conditions, if any, leading to immediate cause. Enter Undarfying Cause (Disease or injury that initieted events resulting in death) Last Due to (or as a consequence of): P.O. Box 68760, Physician/Medical Due to (or as a consequence of): USB as deteched for use as Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? s been signed by to should be detech 1 Yss 2 No 3 Probably 4 Unknown Prosthetic aortic valve with vegetations, favor marantic Division of Vital Records, þ 24b. Were eutopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? Status post surgery and Radiation Therapy for page 2 has 1 Yes 1 Yes certificate parapharyngeal adenoid cystic carcinoma funeral director, 25. Wes case referred to medical examiner? Be 26. Place of Death (Check only one) Hospitai: 1 ☐mpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 2 this 27. Manner of Death Certification: 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred After 5 Pending Investigation death. 1 Yes 2 No I or Attendi after death. Director: A 2 Accident 6 Could not be datermined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Place of Injury - At homa, farm, street, factory, offica building, etc. (Specify) completely filled in by 4 Homicide To the Hospital of within 24 hours a To the Funeral D Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29a. Certifier Medical 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of continu 29c. License number 29d. Date signed (Month, Day, Year) D48054 August 12, 1996 30. Name and address of person who completed cause of death (item 23a) (Type, Print)

State Registrar 31. Date filed (Month, Day, Year)

AUG1 5 1996

32 Registrar's Signeture

Dr. J. Ross Slemmer St. Agnes Hospital 900 Caton Avenue Baltimore, MD 21229

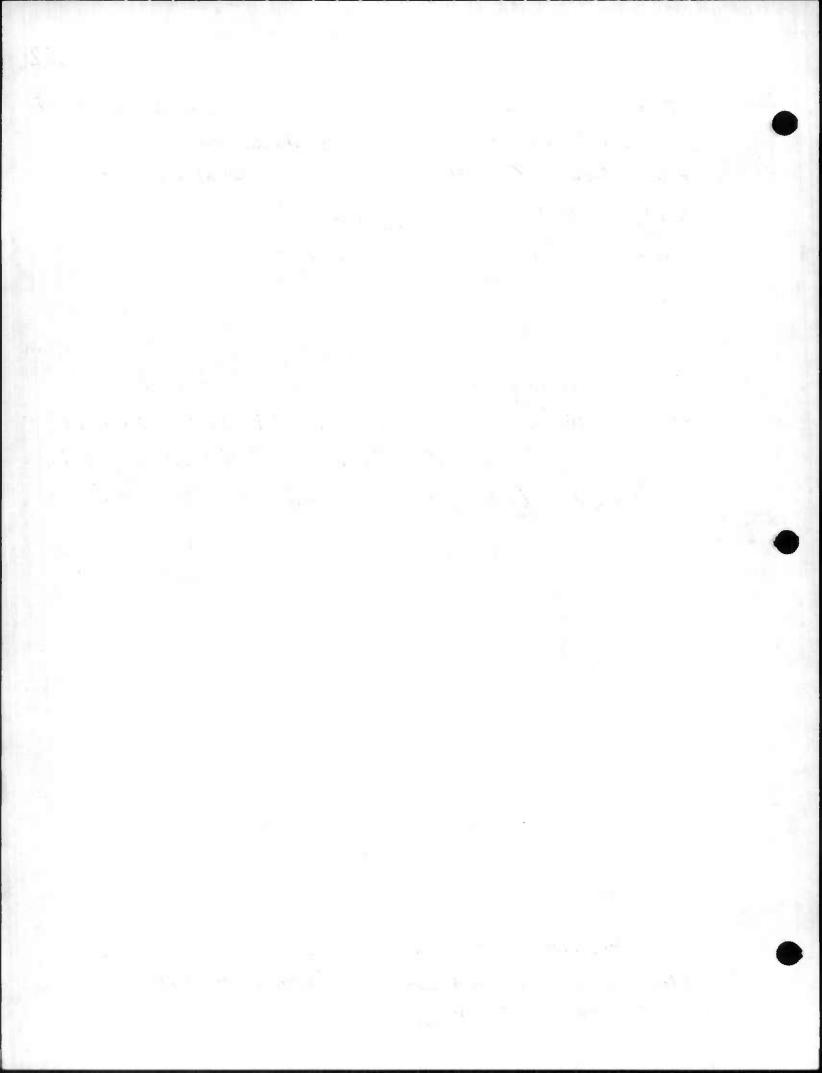


State of Maryland / Department of Health and Mental Hygiene

24252 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month 3:30 M August 13 1496 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Dee **Examiner** BALTIMORE
AT IT Under 24 Hrs.
s Hours Min. N. Street 1000 6-1 more If Under 1 Yaar 8. Data of Birth (Month, Day, Year) Social Security Number 6. Sex 7. Age (In yrs. last birthday) place (State or Foreign **Funeral** Months Days 1□M 2 F 91 216-20-7406 Usual Residence of Decedent Yrs. Director 04-27-0 ang show 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Yes 2□No Director 288-4 Himore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ò 21 Items 23a death Funerai 12. Was Decedent Ever in U,S. Armed Forces?
1 ☐ Yes 2 ☐ No If Yes, Give Yaar or Dates: Was Dacedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Maxican, Puerto Rican, etc.) 11. Marital Status 14. Race - American Indian, permit. Pages 1 and 2 should be filed within 72 hours after of Department of Health and Mental Hygiene. Important: If flem 27 is marked other than "natural", or ther any Important: If the 27 is marked other than "natural", or the fraumetic event, the Mostel Examination. Black, White, etc. 1 Naver Married 2 Married Baltimore, Maryland 21215-0020 1□Yes 2No Specify: þ 3 Widowed 4 □ Divorced Specify: Negro Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation
(Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) engineer Name (First, Middle. 18. Mothar's Name (First, Middle, Maiden Surname) 1am eni 19a. informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Ryral Route Number, City or oore 110 -da 20b. Place of Disposition (Name of complete, crematory or other place) 20a. Method of Disposition Date 1 Burial 2 ☐ Cremation 3 ☐ Removal from State 10 4 Donation 5 □ Other (Specify) -10M 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Joseph W. North AUR Enter the direase, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory or heart future. List only one cause on each line. **Physician** /Medical Immediate Cause (Final 2 abdominal aneurys disease or condition resulting in death) aortic **Examiner** Due to (or as a consequence of): Examiner Kidney mass The law requires that the death certificate be executed the bunal-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated avents resulting in death) Last Due to (or as a consequence of): 10+ Box 68760. Atherosclero tic cando vasular Physician/Medicai Due to (or as a consequenca of) dement, o page 2 should be detached for use Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Be Completed by 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yes 2 No certificate 1 Yes 2 No of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☑ ER/Outpatient 3 ☐ DOA 1 Yes 2 No Other: 4 ☐ Nursing Home 5 ☐ Residence Certification: To 6 ☐Other (Specify) 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28c. Injury at Work? 28d. Describe how Injury occurred 28b. Time of Division 1 Haturai 5 Pending \$ 1 Yes 2 | No investigation 2 Accident completely filled in by the 3 Suicide 6 Could not be determined 28e. Placa of injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 D Homleide 29a. Certifier 1 Certifying Phyaician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical (Check only one) 2 Medical Examiner: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29b. Signatura and title of cartifier 29d. Date signed (Month, Day, Year) 29c. Licansa number Kroung mien -0 03/865 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) BALTIMORE, MD 21201 821 N. KIOUNE MD 51. 31. Date filed (Month, Day, Year) 32. Registrar's Signature State 5 AUG 1 Registrar

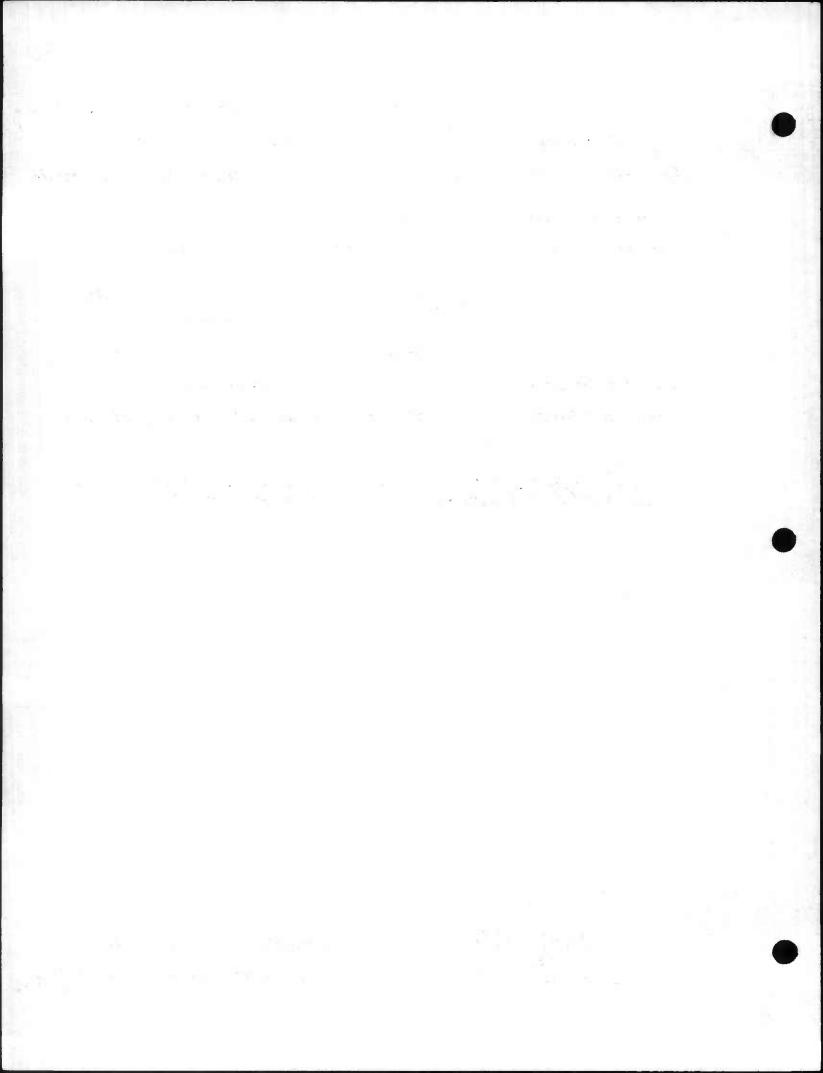
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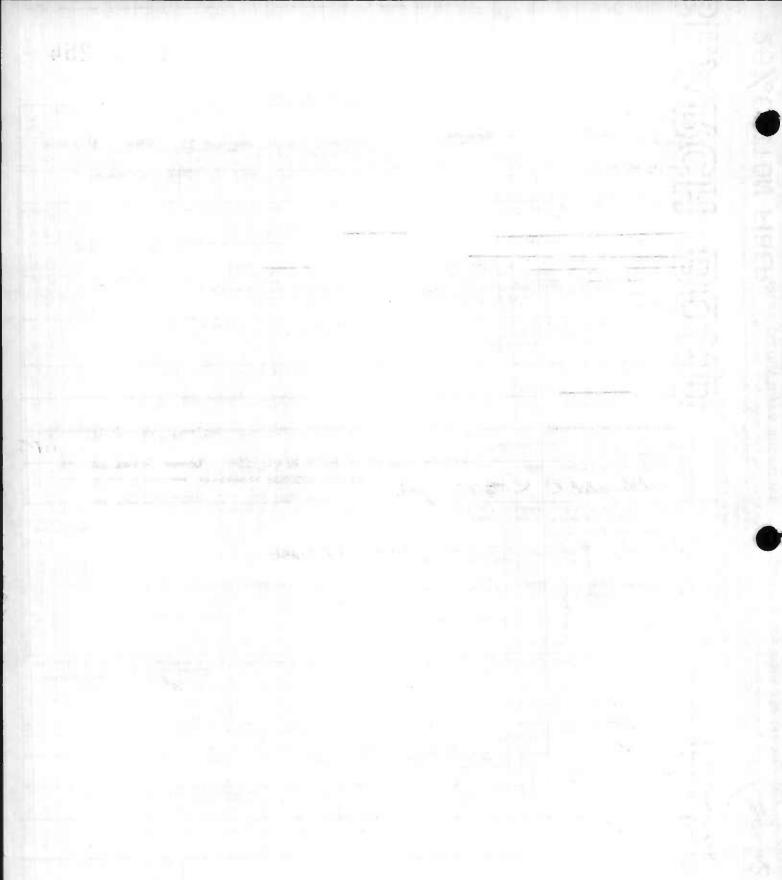
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	/Medio		4a. Fecility Neme (If not Institution, g	give street and number)	,			4b. City, Tov	vn, or Location	*	4c. County		10113	porm
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V.	Funeral Director		235-48-4466 Usuei Residence of Decadent	1以M 2□F			lonths Deys	Hours	Min. (M Dec	te of Birth onth, Day,	Year) 1933		virgi	
	Jend Jend		10a. Stete 10b. County		10c. City, Town	or Location	ion					1	Od. Inside C	City Limits
	the Mery 28a-f sh outlined	ector	Maryland Baltin	nore	Dunc					T				s 2√ No
	be filed within 72 hours efter death with the Meryland the Hydiene. definer then "natural", or fleme 23a or 28a-f show event, the Medical Examiner must be notified at	Funeral Director	8209 Northview R	Road			10f. Zip Code 21222				U.S.A.		itry?	
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020	ours effe	þ	1 ☐ Never Merried 2 ☑ Merried 3 ☐ Widowed 4 ☐ Divorced	1 ☑ Yes 2 ☐ N If Yes, Give & - Yeer or Detes _	FEB-54	10	Yes 25 No	Specify:				v: Wh		
0200-61212	in 72 ho "natur	Completed	15. Decedent's (Specify only highest (Education grade completed)	16e.	Decedent' (Give kind life. DO I	's Usuei Occu d of work done NOT use retire	petion during most	of working	1	6b. Kind of B	usiness/Ind	dustry	
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	filed with Hygiene. Ther ther		17. Father's Neme (First, Middle, La		150	Canar	71	18 Mother	's Name (First				scee	
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2	2 should and Men is marke sumatic	10		•										
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Baltimore,	802 -		20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 4 ⑦ Donetion 5 ☐ Other (Special Contents)		20b. Plece of cemeter	Dispositlo y, <i>cremet</i> o	on (Neme of ony or other pie	oce)	Det	9 2	20c. Location	- City or To	wn, Stete	
Baiti	permit. Pag Department Important: I sny Injury o once.		21. Signatore of Funeral Service Lic Royu	engee //	Dir.	Stat Balt	eme end Addre	omy Bo	ard-65:	5 W. i	Baltimo	ore S	treet	
ı	o Physician		23a. Part1. Enter the disease, or co shock, or heart feilure. List on			not enter th	ne mode of dyl	ng, such es d	cardiec or resp	retory arre	st,		Approxima Interval Be Onset and	tween
	/Medical	ш	Imm viete Cause (Finel dise se or condition	atheros	clirati	CC	ronar	y vas	cular	disc	ase	i		
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	the death y the atter sched for a	sic	Part II. Other significant conditions	contributing to death but	t not resulting In	the under	riying cause gi	ven in Pert I.	2	3b. Did tol	bacco uae co	ntribute to	the cause	of death?
Γ.	that the de ned by the a deteched	by Physician								100	8 2□ No	3 Prot	bably 4] Unknow
Records,	w requires that been signed b should be dete	Completed b							24	le. Wes an	autopsy ned?	avi	ere autopsy sliable prior mpletion of death?	to
ב ב	The law ate has b page 2 s	Ĕ									Jan.		1	6
= '										1 🗆 Ye	s 20 No	11,	Yes 3C	No
5	ysician: s certific director,	B	25. Was case referred to medical examiner?	Hospital:			Ott	hor	of Deeth (Che	ok <i>only</i> one	9)			
5	Physician: this certific ral director,	2	1 Yes 2/2 No	1 L Inpatier			AUI DOA	4 LI NUI	7	-	nce 6 Oth		v)	
	Ing After	ation	27. Manner of Deeth 1 Neturel 5 Pending 2 Accident Investiget			ime of njury	28c. Inju Wo M 1 □	ryet ⊮k? Yes 2.∐N		escribe ho	w Injury occur	red		
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	To the Hospital or within 24 hours effe To the Funeral Dir completely filled in	edicai C	29e. Certifier (Check only one) Certifying F	Physician: To the best of aminer: On the basis of and menner stet	examinetion end	deeth occ	curred et the ti	me, dete and opinion, deeti	placa, and du h occurred at th	e to the ce ne time, de	use(s) end ma te end piece,	anner as st and due to	tated. the cause((s)
	of the de	₩.	29b. Signeture and title of certifier	77.5 55 726			29c. Licens	se number		29	d. Dete signe	d (Month,	Day, Year)	
,):	- s + 0		umpro	gamo			D	4480	14		8-1-	- 96		
			30. Neme and eddress of person wh	Completed seuse of de	ath (Item 23e) (Type, Prin	4920	Carry	phell .	5/Vd	white	ma	ish N	10.
	Sta	ite ar	31. Dete filed (Month, Dev. Year) AUG 1 5 1996	32 Registra	B SPOUND			v					7	163



BALTIMORE, MARYLAND 21215-0020	YSICIAN: The law requires that the death certificate be executed within rours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL ON ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the 1 be filled within 72 hours after pleat with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Nem-26 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH CERTIFICATE OF DEA	
1.	DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH
	ROSE	WASSERMAN	MONTH DAY

1. DECEDENT'S NAME (First, Middle, Last ROSE	-41					IH	REG. NO			
KOSE	WASSE	DMAN					2. DATE OF DEATH MONTH	DAY Y	EAR 3	. TIME OF DEATH
							August 11			10:50 A.
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		MONTHS I	YEAR IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTNPL Country)	ACE (State or Foreign
170-38-0446	1 🗆 M 2 🟝 F	92	YRS.		I NOONS	mir.	May 3, 190	04 F	enn	sylvania
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Manor Care Nurs	rug nome			Cire	y Chas	е		Mont	gome	ery
10. 07475	NTY		10c. CITY	TOWN OR	LOCATION				T	Od. INSIDE CITY
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11. MARITAL STATUS	12. WAS DECEOEN	T EVER IN U.S. AR	MED	13. WA			IC ORIGIN? (Specify Ye		RACE -	- American Indian.
Never Married 2 Married	FORCES? 1	YES 2 TH	40		yes, specify Cube		, Puerto Rican, atc.)			White, atc.
3 ☑ Widowed 4 ☐ Divorced	11 120, 0112 1	AN ON DATES			J 152 5 M NO	эрвину.			Specify:	White
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(Specify only highest gra		(G	ive kind of w	ork done dur	ring most of worki	ng	ISO, KINO OF BO	OINE33/INDU3	Int	
Elementary/Secondary (0-12)	College (1-4 or 5	•)								
8 Years		Ho	memak	cer			Own 1	Home		
7. FATNER'S NAME (First, Middle, Last)				-37-26	18. MOT	NER'S NAM	ME (First, Middle, Maider	Surname)		
David Friodmon	FREEMAN				To	nnie	(Unknown))		
9s. INFORMANT'S NAME (Type/Print)		19	b. MAILING	AODRESS (loute Number, City or Tov		del	
										016 //00
Donald Wasserma	m					NW.	Washington			
0a. METNOD OF DISPOSITION ☑XBurial 2 ☐ Cremation 3 ☐ Re	emoval from State	cemetery, cre	AND DATE OF	F DISPOSITI	ION (Name of		DATE 20c. LO	DCATION — City	or Town	, State
☐ Donation 5 ☐ Other (Specify)		Sholon	Memo	rial	Park 8	/14/	1996 Lor	wer Mor	rela	nd. PA
H. SIGNATURE OF FUNERAL SERVICE	LICENSEE						MEMORIAL :			
Donald (n Vita	ttlemy	-1							,
· Commune	no	ucomy	-	23.	2 CARRO	LL S	T, NW, WAS	SHINGTO	ON,	DC 20012
	b	(OR AS A CONSE	OUENCE OF)):						
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	c	OR AS A CONSE	OHENCE OF							
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	(OR AS A CONSEC			artuing cause	alven in i	Dart I are was as	AL DEVINOU	245 W	
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 2. Dete of Deeth 3. The of Death Month Year Waldon 7:30P

Physician Examiner Funeral Director

Physician /Medical Examiner

physician and the burial-transit Division of Vital Records, P.O. Box 68760. signed by the atter funarai director, il or Attending eftar death. Director: Afte

þ

Completed

Be

Certification:

edical

State

Registrar

1. Decedent's Nema (First, Middle, Last) William H. 96 07 a4 /Medical 4e. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Baltimore Veterans Admin. 10 5 Greene St. Baltimore Baltimore 7. Age (In yrs. last birthday) If Under 1 Yeer If Under 24 Hrs. 6. Deta of Birth (Month, Dey, Year) 5. Social Security Number 6. Sex 10 M 2 F 9. Birthplace (State or Foreign Country) 2/9-18-540 Usuei Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Deportment of Haelth and Mental hygiene.
Important: If item 27 is marked other than "natural" ~- "any july or other traumatic evant any july or other traumatic evant any plury or other traumatic evant. 10a Stete 10h County 10c. City, Town or Location Baltimore Director 10e. Street and Number 10g. Citizen of What Country? 2427 by Funeral . Was Decedant Evar in U,S. Armed Forces? 1 Syas 2 No Was Decedant of Hispanic Orlgin? (Specify Yas or No-if Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - Amarican Indian, Biack, White, atc. 1 ☐ Nevar Married 2 ☐ Married If Yes, Give Year or Detas: WWI 1 ☐ Yes 2 No 3 Widowed 4 □ Divorced 5/ac Completed 16e. Decedent's Usuel Occupetion
(Give kind of work done during most of working
life. DO NQT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Businass/Industry Collage (1-4or 5+) Eiamentery/Secondery (0-12) unknown Luknown 17. Fethar's Nama (First, Middle, Last) 18. Mother's Neme (First, Middla, Meidan Sumame) Unknown uknown 19e. informant's Name/Reletionship (Type, Print) 19b. Meiling Addrass (Street end Number or Rural Route Number, City or Town, State, Zip Code) 20b. Pleca of Disposition (Name of cematary, cremetory or othar piece) A ffairs Baltimure, MD
Date 20c. Location - City or Town, State Jeannette eterans 20e. Method of Disposition Date 1 Buriel 2 □ Crametion 3 □ Removei from Steta Garrison Forest (em 4 □ Donetion 5 □ Other (Specify) 22. Nema and Address of Facility PROLL FUNERAL HEME 21, Signetture of Funeral Service Licenses 1712 W. NORTH 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the moda of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each lina. immedieta Ceuse (Final disaasa or condition resulting in death) Cancer Due to (or es e consequance of) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or injury that initiated evants resulting in daath) Last Dua to (or es e consequence of): Physician/Medical Due to (or as e consequence of): Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown

24a. Was an eutopsy performed?

24b. Were eutopsy findings available prior to completion of cause of deeth?

Approximate Interval Between Onset and Death

6 pace

10d. Inside City Limits

1 Yas 2 No

1 Yes 26. Piece of Deeth (Check only one)

1 ☐ Yas 2 No

25. Was case referred to medical axaminer?

1 Yes 25 No Hospitel: 1 ⊠inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27, Menner of Deeth

6 Could not be determined

28a. Date of injury (Month, Day Year) 5 Panding investigation

28b. Tima of Injury

26e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28c. Injury et Work? 1 ☐ Yas 2 ☐ No

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 26d. Dascribe how injury occurred

29e. Certifian

1 Neturei

2 Accident

3 Suicide

4 Homicida

1X Certifying Phyelclan: To the best of my knowledge, deeth occurred et tha time, date and piece, and due to the cause(s) and manner as stated. 2 Medical Examinar: On the besie of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete and place, and due to the cause(s) end mennar steted.

29b. Signatura and title of certifiar

Steller mo

29c. Licanse number 13-10415 29d. Date signed (Month, Day, Year)

28f. Location (Street and Number or Rural Routa Number, City or Town, State)

30. Neme end address of pereon who completed cause of deeth (Item 23e) (Type, Print)

Elizabeth Stoller

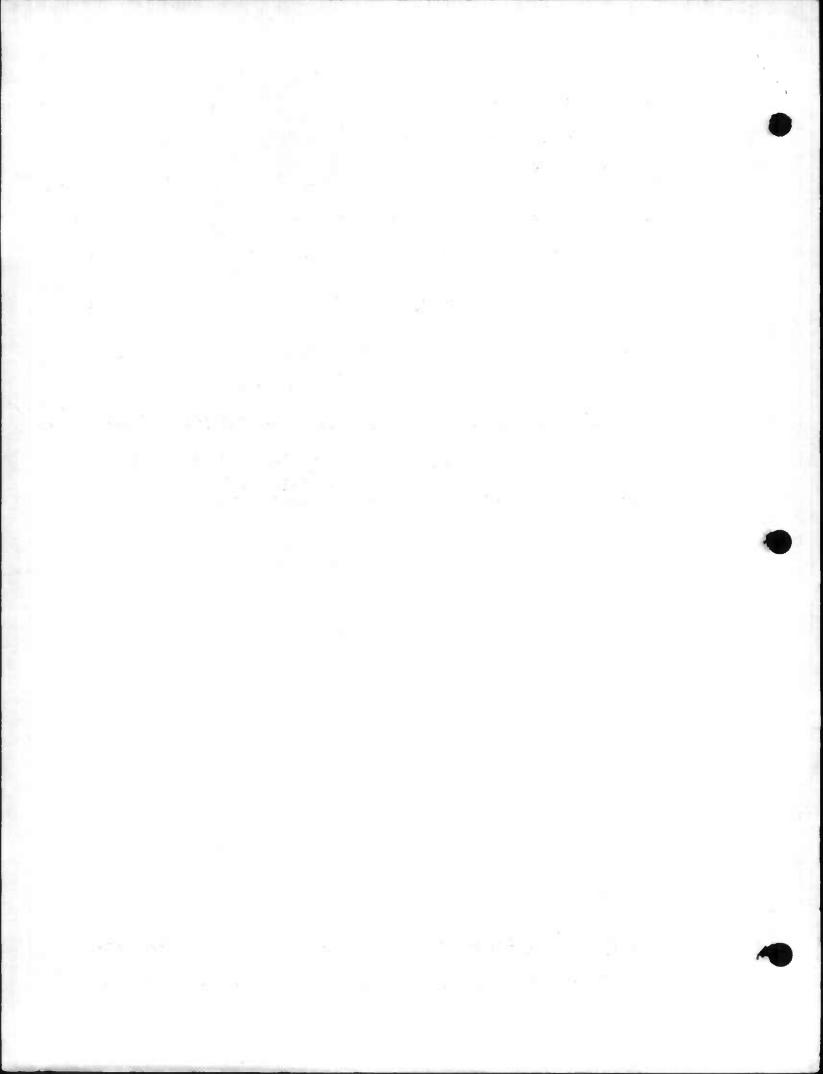
105, Greene Street Baltimore VA Baltimore MD

31. Deta flied (Month, Dey, Year) AUG1

32. Registrer's Signeture Julia Davidson-Randolle

Hours Funeral

* To the



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

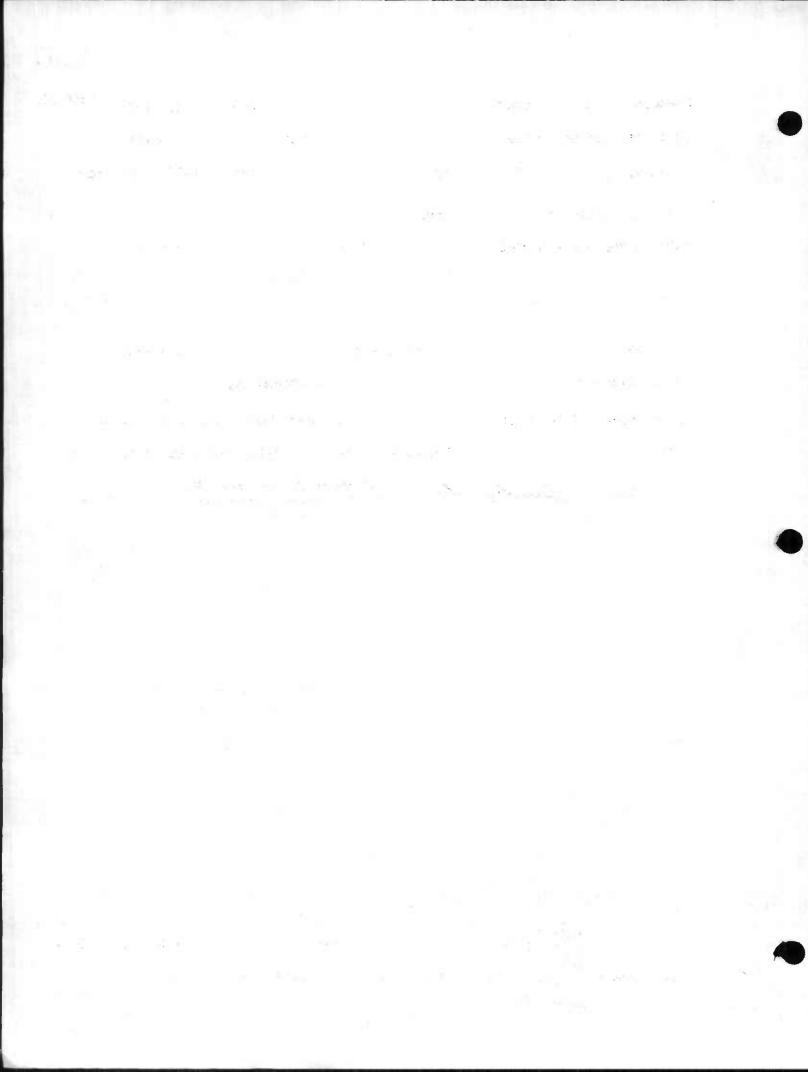
State of Maryland / Department of Health and Mental Hygiene 96 24256

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	Funeral Director		- 5	I M ASIE	(in yrs. last bir 82	thdey) Yrs.	If Under 1 Yas Months Day			Birth Day, Ye	1914	9. Birthp Coun	iece (Stete or try) Md •	r Foreign
	land w		10e. Stete 10b. County	1	IOc. City, Town	n or Loc	ation					1	0d. Inside Cit	ty Limits
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	th the	Director	10e. Street end Number				10f. Zip Code			. 10g.	Citizen of	Whet Cour	ntry?	
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ore	Pages 1 nent of H int: If item iry or oth		20e. Method of Disposition 1 XBurial 2 ☐ Cremetion 3 ☐	Removel from Stata	20b. Plece of cemetar	Dispos y, crama	ition (Neme of atory or other p	leca)	Dete	200	. Location	- City or To	wn, State	
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	/Medical Examiner	Н	Immediate Cause (Finel disaase or condition resulting in death)	· Carolion	mi &	book						į		
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'n	es the igned be de	by	Death recordan	to junique	un an	yell	enem							
SCOLO	The law requires that the death certificate be executed tte hes been signed by the ettending physician and page 2 should be deteched for use as the bunel-transit	Completed								erorme		av:	ere autopsy fi allable prior to mpletion of ca death?	0
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Division of Vital Records, P.O. Box	To the Hospital or Attanding Physician: The law within 24 hours effect death. To the Funeral Diractor: After this certificate hes completely filled in by the funeral director, page 2	Certification:	27. Menner of Deeth T Natural X Accident 5 Pending investigatio	28e. Dete of Injury (Month, Day Y		ime of njuryun	known W	ury at ork? □ Yes 2 🗹 No	28d. Descri		4.			
<u>S</u>	er de racto	tific	3 Suicide 6 Could not b	e ne Diese of Injury				9	28f. Locatio	n (Stree Town, S	et and Numi	ber or Rura	/ Route Numi	ber,
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	->-0		· audur Milly	M.P.			P	41306.		7	7/21/	96.		
			30. Name and eddress of person who					212					11	4
			300 army Place 31. Dete filed (Month, Day, Year)	Mul 200	Signatura	COURC	, nu.	21212						
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/Medi	ian	1. Decedent's Name (First, Middle, Last) Frances M. Y	oung				2. Dete of Deeth Month	Dey	3. Time o	
Exami	cal	4e. Fecility Neme (If not Institution, give street			4	b. City, Town, or Loc		13, 1 4c. County	996	-
LAUIIII		1321 Wildwood Beach	Road			Essex			timore	
uneral irector		5. Social Security Number 6. Sex 1 M		70 Yrs.	If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Day, 1 uly 4, 1	Year) 926	9. Birthplace (State Country) Maryland	or Foreig
A W		Usual Residence of Decedent 10a. State 10b. County	10c.	City, Town or Loc	cation				10d. Inside C	ity Limit
	ctor	Maryland Baltimore		Essex					1 □ Yes	20 N
antbeng	al Director	1321 Wildwood Beach	Road		10f. Zip Code 21221		10	g. Citizen of V	What Country?	
adical Examiner must be notified at	by Funeral	1 Never Married 2 Married 1	Was Decedent Ever in Armed Forces? I □ Yes 2 % No Il Yes, Give Yeer or Dates;	if	Yes, specify Cuba	ispanic Orlgin? (Spec n, Mexicen, Puerto R Specify:	ify Yes or No- icen, etc.)	Blac	ce - Americen Indien, ck, White, etc.	
The M	Completed	15. Decedent's Educatio (Specify only highest grade con Elementery/Secondery (0-12)	on m <i>pleted)</i> College (1-4or 5+)	(Give F	ent's Usual Occup cind of work done o O NOT use retired	turina most of working	9 16	Own He	usiness/Industry	
	To Be (17. Fether's Name (First, Middle, Last) Harry Wiseman				18. Mother's Name (Gretchen		alden Sumam	10)	
other traumatic ev		19a. Informant's Name/Reletionship (Type, F	,			and Number or Rural Beach Roa				
6		20a. Method of Disposition 1 ♣ Buriai 2 ☐ Cremation 3 ☐ Remote 4 ☐ Donation 5 ☐ Other (Specify)	uniform Cinta	o. Piece of Dispos cemetery, crem ak Lawn Co	atory or other plac	8/16			City or Town, State	
any injury once.		21. Signature (Funeral Service Licensee	1	/- 22. Bi	Name and Addres	s of Fecility Ki Funeral	Home P.	.A.		
iclan dical niner	er	23a. Párt1. Enter the disease, or complication shock, or heer feilure. List only one call immediate Cause (Finel disease or condition resulting in deeth)	DIABET	FES MEL	LITUS	gi saun de condice di			Approximatintervel Bet Onset and	tween Deeth
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State of Maryland / Department of Health and Mental Hygiene Film G738 item 18 per FH 8-15-96 rja Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Deeth 3. Time of Death Day 10, **Physician** ANDREW YOUNG AUGUST 1996 4:30 PM /Medicai 4a. Facility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Montgomery HOLY CROSS HOSPITAL SILVER SPRING MON
ar If Under 24 Hrs. 8. Date of Birth
About A Page 1
8 Min. 08/974 A Page 1
9 8 4 4 1 9 4 4 If Under 1 Year 6. Sex 1 M 2 F 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** 9. Birthplace (State or Foreign Deys On 10 51 Director 295-38-2811 Yrs. Usual Residence of Deceden the Maryland 10a. State 10b. County 10c. City, Town or Location ms 23a or 28a-f show 10d. Inside City Limits Director MD. Silver Springs XXYes 2 □ No Montgomery 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? items 23a 9737 Mt. Pisgah 20903 USA death Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, the Medical Examiner Biack, White, etc. 72 hours efter 1 Never Married 2 Married Specify: Black Baltimore, Maryland 21215-0020 ò 1 ☐ Yes 2 No by 3 ☐ Widowed 4 ☐ Divorced "natural", Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) offied within 7 Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) Electrical Engineer Electrical Co. permit. Pages 1 and 2 should be filed v Depertment of Health end Mental Hygie Important: If Item 27 is marked other t eny Injury or other traumatic event, in 17. Father's Name (First, Middle, Last) Mother's Name (First, Middle, Maiden Surname) Besphene Andrew Young Besthene Wilcox 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Goldie Roberts/ Sister 17626 Lomond Blvd. Shaker Hts., Ohio 44120 20b. Plece of Disposition (Name of cametery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State Highland Park Cem. 4 ☐ Donation 5 ☐ Other (Specify) 8-16-96 Highland Hts., OH. 21. Signature of Funeral Servica Licensee Sterling Ashton Funeral Home, Inc. A Edmondson Ave. Balto., MD. 716 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Physician /Medical Immediate Cause (Finel asticuasculas dispuss disease or condition resulting in death) Examiner Due to (or as a consequence of): Examine attending physician and for use as the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last Due to (or as a consequence of): Records, P.O. Box 68760, Physician/Medical Due to (or es a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown be det by page 2 should 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? certificate hes TYPES 2 No 1 No 2 No Division of Vital uclan: director. Be 25. Was case referred to medical 28. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 1 Yes 2 No 1 ☐ Inpatient 2 XER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending investigation 1 BUNatural Injun 1 ☐ Yes 2 ☐ No 2 Accident 3 ☐ Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 - Homicide or A • Funeral E Hospital 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the ceuse(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. Medical 29a. Certifier (Check only one) To the Within 2 29b. Signeture and title of ca 29c. License number 29d. Dete signed (Month, Dey, Year) O.C.M.E. AUGUST 11, 1996 30, Name and who completed cause of death (Item 23a) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 31. Date filed (Month, De AUG 1 932. Registrar's Signeture State

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DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

21.250

						Certificate	of Death		Reg. No.	0 24	1233
	Dhusia	ion	1. Decedant's Nama (First, Middla, L.	•				2. Data of D Month	eath Day	3. T	Fima of Death
	Physic /Medi		Keith	J, A	LTW	LAN		auc	1 1	996	8 200
7	Exami		4a. Facility Nama (If not institution, gl		AL		4b. City, Town, or OLNEY		MONT	of Death GOMERY	
	Funeral Director	4		Sex 7. Aga 1 1 M 2 □ F 4.4	(In yrs. last bi	rthday) If Undar 1 Yrs. Months I	Yaar If Undar 24 Hrs Days Hours Min.	8. Data of 8	litth Day, Yaar) 22, 1951	9. Birthplaca (1 WASHINGT	Stata or Foreign
	Maryland a-f show	ctor	10a. State 10b. County MARYLAND MONTGOM		10c. City, Tow LAY	m or Location TONSVILLE					sida City Limits ☐ Yas 2,581No
	th with the 23a or 28 ist be not	Funeral Director	10a. Street and Number 23601 LAYTONSVI	LLE ROAD		10f. Zip C			10g. Citizan of V UNITED		
21215-0020	72 hours efter deeth with the Maryland natural", or frems 23a or 28a-1 show dicel Examiner must be notified at	by	11. Marital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Dacedant E Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas:		13. Was Daceder If Yas, specify	at of Hispanic Origin? (S Cuban, Maxican, Puar No <i>Specify:</i>	Specify Yas or Noto Ricen, atc.)		ce - American Ind ck, White, etc.	lian,
5-0	72 hours "natural",	eted	15. Decedant's E (Specify only highast gr		16a	. Decedent's Usuai ((Giva kind of work	dona during most of wo	rkina	16b. Kind of B	usinass/Industry	
121	within ene.	Completed	Elementary/Secondary (0-12)	1 Collega (1-4or 5+) ст	ABLE MANA	retired)		HORSE S	TABLES	
	Hygle ther t	ပိ	17. Fathar's Nama (First, Middla, Las	t)	31	ADLE MANA	T	ma /First Middl	la, Maidan Suman		
Maryland	Mental Mental wrked o	To Be	LAWRENCE ALTM	,			PATRIC		ESSE		
lan	2 sho and I is ma		19a. informant's Name/Raiatlonship				Street and Number or R				
	l and Heeith m 27 ther to		JOANNE A. ALTMAN	I - WIFE		6601 LAYTO TO Disposition (Nama	NSVILLE RO	AD, LAYT			
Baltimore,	permit. Pages 1 and 2 should be filed within Department of Heelth and Mental Hyglene. Important: if tem 27 is marked other than 'any Injury or other traumatic event, tha Me 2008.		20a. Mathod of Disposition 1 □ Burial 2, □ Cramation 3 [4 □ Donation 5 □ Other (Speci	(fy)	camata	OLITAN CR	EMATORY	3/5/96	ALEXANDI	RIA, VIRO	
Bal	Depart Impor		21. Signature of Funaral Sarvice Lice	Back	J	MURIEL	Address of Facility H. BARBER			20882	
	السادا	П	23a. Part1. Entar tha diseasa, or con shock, or haart failura. List only	nplications that caused to ona causa on each line	ha daath. Do	not entar tha moda	of dying, such as cardia	c or raspiratory	arrest,	Intan	oximate val Batween
	Physician /Medical		Immediate Course (Fine)		-				0 1	4	et and Death
ı	Examiner		Immediata Ceusa (Final disaasa or condition resulting in daath)	a	intre	- my	cardial	1	s for it	en	i hour-
L		ē		C	ue to (or as a	consequanca of):3]	
,	icate be executed physician and s the buriel-transit	Examiner	Sequentially list conditions, if any, laading to immediate causa. Entar Undardying Causa (Disaase or injury	b	ua to (or as a	consequance of):					
Box 68760,	ing e	ı/Medicai	Causa (Disaase or injury that initiated evants rasulting in death) Last	c	ua to (or as a	consequance of):					
	death ce e attendi	icia	Part II. Other significant conditions	contributing to death but	not rasulting i	n the underlying ceu	sa given in Part I	23b. Die	d tobacco use co	ntribute to the c	cause of death?
P.O.	the ach	/ Physician/							Yes 2□ No		4 Unknown
Records,	v requires been sign should be	Completed by						24a. Wa	is an autopsy formed?	24b. Wara au avallable completi of death	prior to ion of causa
	ilclan: The iav certificate has rector, page 2	E O						10	Yas 2 No	1 🗆 Yas	2 No
of Vital	ysician: The is s certificate he director, page	Bec	25. Was casa rafarred to medical examinar?				26. Placa of De	ath (Check only	ona)		
J V	Physician: this certific ral director,	ို	1 Kras 2 No	Hospital: 1 Inpatian	1 22 ER/O	·		· · · · · · · · · · · · · · · · · · ·	sidance 6 Oth		
Division o	or Attending Patter death. Director: After ti	Certification:	27. Manner of Death 1 Natural 5 Panding 2 Accident invastigation		Year) 28b.	Tima of 28c	injury at Work? 1 ☐ Yas 2 ☐ No	28d. Dascribe	a how injury occur	red	
Divi	tal or Attendii rs after death. el Director: A led in by the fu	Certifi	3 ☐ Suicida 6 ☐ Could not t 4 ☐ Homicida datarmined	28a. Placa of injur building, atc.		arm, straat, factory, o	ffice	28f. Location City or To	(Street and Numb own, Stata)	er or Rural Rout	la Number,
	To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completaly filled in by the fune	edical	29a. Certifiar (Check only one) 1 ☐ Certifying Pi 2 ☐ Medicat Exa	nysician: To the best of miner: On the basis of a and mannar state	xamination ar	e, death occurred at ad/or invastigation, in	tha tima, data and place my opinion, daath occi	a, and dua to the urred at tha time	a causa(s) and ma a, data and placa,	anner as stated. and dua to tha c	ausa(s)
	Mith Tot com	Σ	29b. Signature and titla of certifier	Jan	len	29c. l	D085	-46		d (Month, Day,)	(ear) 996
			30. Nama and address of person who	complated causa of de-	ath (Item 23a)		D085	Scon	SIN	Betw	ode no
	Sta Registi		31. Data filed (Month, Day, Year) AUG 1 4 15	196 July di	's Signatura	inself					

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

24260

						Cei	niiicale	OIL	eatn		Reg. No.		- 11-00	,
	Dhuolo	ian	1. Decedent's Name (First, Middle, La	-						2. Date of D	eath Day	Year	3. Time of Deat	h
4	Physic /Medi		William Joseph	Burke	Jr.					July	1 2	1996	0055	
	Exami		4a. Facility Name (If not Institution, giv						. City, Town,	or Location of Dea	ith 4c. Cour	ty of Death		
			The Kent & Quee						Chest	ertown	Ken			
	Funeral Director		5. Social Security Number 6. S 185-28-7366	BM 2□F	Age (In yrs. I	est birthday) Yrs.	If Under	Year Days	Hours N	Ain. (Month, E	er 27, 1	9. Birthi Cour 935 Pe	place (State or Fore ntry) ensylvania	igr
	yland		10e. Stete 10b. County		10c. City	, Town or Lo	cation					1	10d. fnside City Lim	its
	Mar	Ş	Maryland Kent			Chest	tertow	m					XXYas 2	No
	h the	Director	10e. Street and Number				10f. Zip (Code			10g. Citizen o	f What Cou	ntry?	
	h wit		118 Conley Drive				21	620			U.S	.A.		
0	be filed within 72 hours after death with the Maryland ital Hygiene. Id other than "natural", or heme 23s or 28s-f show event, the Medical Exercitor must be notified at	Funeral	11. Maritei Status 1 ☐ Never Married 2☑ Married	12. Wes Deceder Armed Force 1 M Yes 2 I If Yes, Give	s?					(Specify Yes or Nuerto Rican, etc.)	14. R	ece - Ameri lack, White,		
00	eral",	d by	3 Widowed 4 Divorced	If Yes, Give Yeer or Dates	Korea	n Con	flict	22110	ороспу.		Spec	Wh	ite	
21215-0020	ithin 72 h ne. nan *netu	Completed	15. Decedent's Ed (Specify only highest gra Elementary/Secondary (0-12)	lucation		16a. Deced (Give life. I	dent's Usuai kind of work DO NOT use	Occupat done du retired)	tion uring most of	working	16b. Kind of	Business/In	dustry	
	should be filed withind Mental Hygiene. marked other than imatic event, the Mental Men		10			Fork	Lift				Pharma		cal	_
Maryland	wild be fil Mental H Irked off	Be	17. Father's Name (First, Middle, Last)							Name (First, Middl		ame)		
N	should and Men marks	10	William Joseph Bur							ed Dukes				
Ma	2 2 2 2		19a. tnformant's Name/Relationship (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						Rural Route Num				
Baltimore,	parmit. Pages 1 and 2 should Department of Health and Mer Important: If Nem 27 is marks any Injury or other traumatic anse.		Michael P. Burke/S 20a. Method of Disposition 1 ★ Burial 2 □ Cremetion 3 □	Removal from Stat	ie ce	aca of Dispo metery, crer	sition (Nam natory or oti	e of ner place)	Date	20c. Location	7 - City or To		
Ē	artmen ortant injury		4 Donation 5 Other (Specifical Service Licenter)		\$t11	1 Pond	I Ceme	Lery	/July	16, 1996	Still	Pond,	Maryland	1_
Ba	permit. Departr Imports any inji		1 Fink of	Velle	Chi	13	O Speer	Roac	l, Chest	Newnam Fu ertown, Ma	ryland 21	e, P.A. 620		
			23a. Part1. Enter the disease, or come shock, or heart feilure. List only	plication at caus one cau e on each	ed the deeth ilne.	. Do not ent	er the mode	of dying	, such as can	diac or respiratory	arrest,		Approximate Interval Between	
	Physician /Medical		immediate Cause (Final	1			00			cl1 -	1 1	1	Onset end Death	
	Examiner		disease or condition resulting in death)	a Caro	inon	19 00	+ Var	A.		the me	460 tus	0	3 week	>
	THE R	ا ا			Due to (or	as a consec	quence of):	to	iver			1		
	ned Insk	Examiner		b. ————	D		1 0					i		
•	certificate be executed nding physician and use as the burial-transit	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying		Due to (or	as a consec	(uence of):					1		
68760,	sicle		Cause (Disease or injury thet initiated events	c	Due to for	es e conseq								
	ificat g phy as th	n/Medical	resulting in death) Last		00 00 (01	es e conseq	derice or).					1		
XO		3		d										_
00	death e atte	Physicia	Part ff. Other significant conditions of	ontributing to death	but not resu	iting in the u	nderlving ca	use civer	n in Part I	23b. Die	d tobacco use o	ontributa t	o the cause of dea	etth'
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of V	5 00 0	To	examiner?	Hospitai:	tient 2 🗆 l	ER/Outpatien	nt 3□ DO/	Other	4 ☐ Nursin	g Home 5□Re	sidence 6 🗆 C	ther (Specia	(y)	
	After fune		27. Manner of Death 1 Natural 5 Pending 2 Accident investigation	28a. Date of fn (Month, L	jury Jay Year)	28b. Time of Injury	M 28	c. injury Work	at ? es 2 □ No	28d. Describe	how injury occ	urred		
Division	호특품들	Certification:	3 ☐ Sulcide 6 ☐ Could not be 4 ☐ Homicide determined	289. PIRCE OF	njury - At ho atc. (Specify	me, farm, str	eet, factory,	offica			(Street and Nur own, State)	mber or Run	al Route Number,	
	Fur Fur	edical	29a. Certifier t☑ Certifying Ph (Check only one) 2☐ Medical Exam	ysician: To the bes ninar: On the basis and manner:	of examinati	riedge, deeth on and/or inv	occurred a vestigation,	t the time n my opi	e, dete and pi nion, death o	ece, and due to the courred at the time	e cause(s) and i	mannar as s a, and due t	othe cause(s)	
	To the comple	M	29b. Signature and title of certifier				29c.	License	number		29d. Dete sign	ned (Month,	Dey, Year)	
		13	Jan V	Rus	in		-	01-	10 36		7/1:	2/90		

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Susyon K, Ross MD. 5/4 Washing for Are Chasta from Md 2/426

31. Date filed (Month Day Year) 4. 23. Projector's Signature

State

				State	of Marylar	-	artment of <i>rtificate o</i>		and Mental Hy	rgiene 5 Reg. No.	6	24261	
г	Physic	ian	1. Decedent's Name (First, Middla,	Last)					2. Data of Do Month	eath Day	Year	3. Tima of Death	
	/Medi		Kenneth Howa						July			4:40 Al	
À	Exami	ner	4a. Facility Nama (If not institution, 9040 Point La						own, or Location of Deat Stertown	h 4c. County	of Death Ken	it	
Н	Funeral			. Sax	7. Aga (In yrs.	iast birthday)	If Under 1 Yaa			rth	9. Birthple	ace (Stata or Foreign ry)	
а	Director		136-34-1870	1 ⊠ M 2□ F	8	2 Yrs.	Months Days	Hours		5,1914		land	
	pug *		Usual Rasidence of Dacedant 10a. Stata 10b. County		10c. C	ty, Town or Lo	ocation				10	d. Inside City Limits	
	Maryli f sho	10	Maryland Ke	nt			ertown				10	1 ☐ Yas 2 ☒ No	
	r 28a	irec	10e. Street and Number				10f. Zip Coda			10g. Citizen of	What Count	ry?	
	permit. Peges 1 and 2 should be filed within 72 hours effer deeth with the Maryland Department of Health end Mental Hygiene. Important: if item 27 is marked other than "naturel", or items 23a or 28a-f show important: if item 27 is marked other than "naturel", or items 23a or 28a-f show proj follury or other traumatic event, the Medical Examiner must be notified at once.	Funeral Director	9040 Point La	ne			216	20		U.S	5.A.		
	r dee	uner	11. Merital Stetus	12. Was Dec	cedant Evar in U		Wes Decedent of If Yes, specify Cu	Hispanic Or ben, Maxicai	igin? (Specify Yes or No., Puerto Rican, atc.)		e - America ck, Whita, a		
20	s effe	by F	1 ☐ Navar Marriad 2/☑ Married 3 ☐ Widowed 4 ☐ Divorced	If Yas, G	P. No ive No		1□Yes 2□XNo	Specify:		Specify		nite	
Maryland 21215-0020	2 hour	Po	15. Decedent's	Yeer or I	Detes:	16a, Dece	dant's Usual Occi	upation		16b. Kind of B	usinass/Inde	ustry	
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and	over	Be	17. Father's Nama (First, Middla, La Edgar Butler	st)					ar's Nama <i>(First, Middle</i> nie Higgs				
Ž	should nd Mei mark	9	19a. Informant's Name/Ralationship	(Type Print)		19h Malli	nn Addraes (Stree		er or Rural Routa Numb			Codel	
	nd 2 salth or 27 le r trau		Frieda Butler						e, Cheste				
ore,	of Her Item		20a. Mathod of Disposition		20b.				1y 29,199				
altimore,	Peges ment of I ant: If Ite ury or of		1 Burial 2 Cramation 3 4 Donation 5 Other (Spa		Ch	esape	ake Cre	ematio	on Center	LLC	nsvil	le, Md.	
Balt	Depart Import eny Inj		21. Signature of Feneral Service Lic			22	2. Name end Add	rass of Facili	y Fellows	, Helf			
	202 • d		Hay B.	tell	les 5	N	ewnam 1 30 Spee	unera er Rd	al Home, Cheste	rtown,	Md.	21620	
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	Examiner		disease or condition rasulting in death)	a	wy.	CO	wanna att					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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	cete be executed physician and the burial-transit	Examiner	Sequentially list conditions,	D	Due to (or as a consec	quence of):						
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ď.	that the de ed by the a detached i								10	¥08 2□ No	3 Prob	ably 4 ☐ Unknow	
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ot <	hysician: this certific al director,	To	axaminar? 1 Yas 2 No	Hospitel: 1	Inpatient 2 E	ER/Outpatier	nt 3 DOA	ther: 4 🗆 No	ursing Home 54 Res	Idance 8 Oth	ar (Specify))	
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	To the Hospital or I within 24 hours after To the Funeral Dire completely filled in b	Aedical	one)	and mar	nar stated.	suon and/or in			ith occurred at the time,				
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			20 Name and address		1	- 00c) CT	D(-1)	(ע)	0 1	1/2	119	Ψ	
		ש	30. Nama and addrass of person wh	completed chu	or death (Itar	1 23a) (Type,	36 CDA	tro	ulle m	d. 21	(01)	
			21 Date filed (Month Day Year)	61	distribution of the	*Y	1		- 11)	v. 0.	_ /		

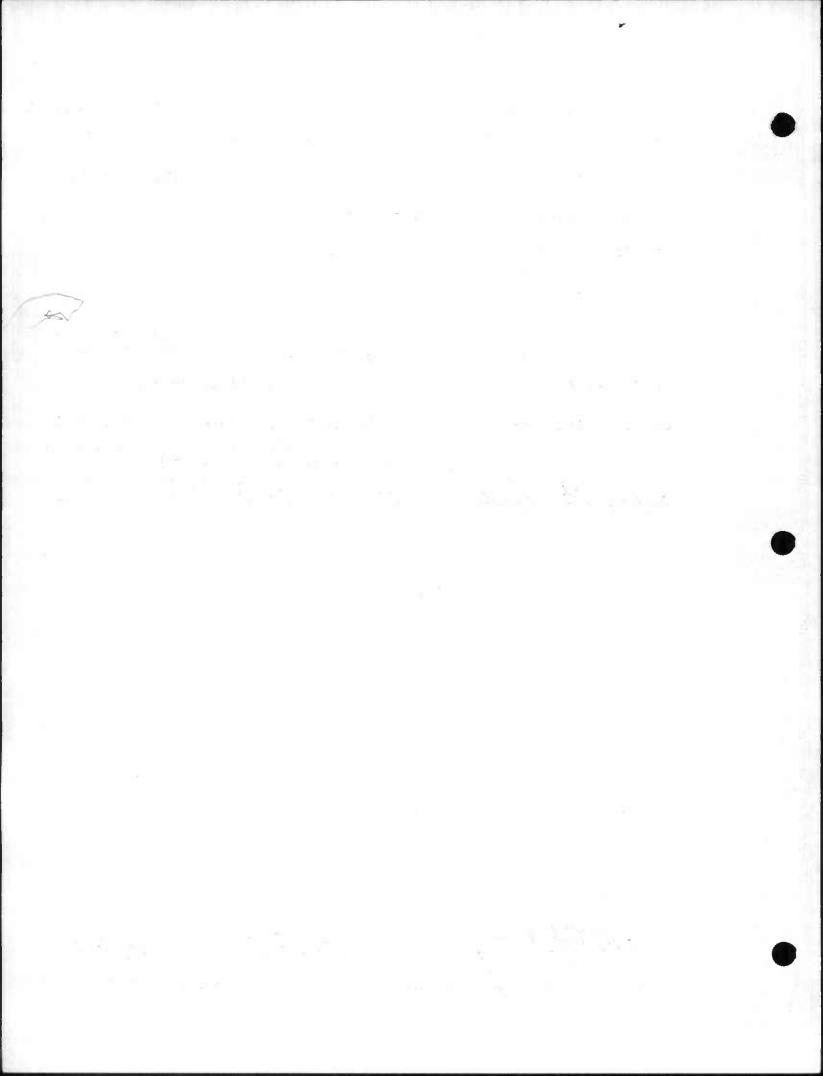
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Hegistrar's Signatura

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State Registrar



State of Maryland / Department of Health and Mental Hygiene

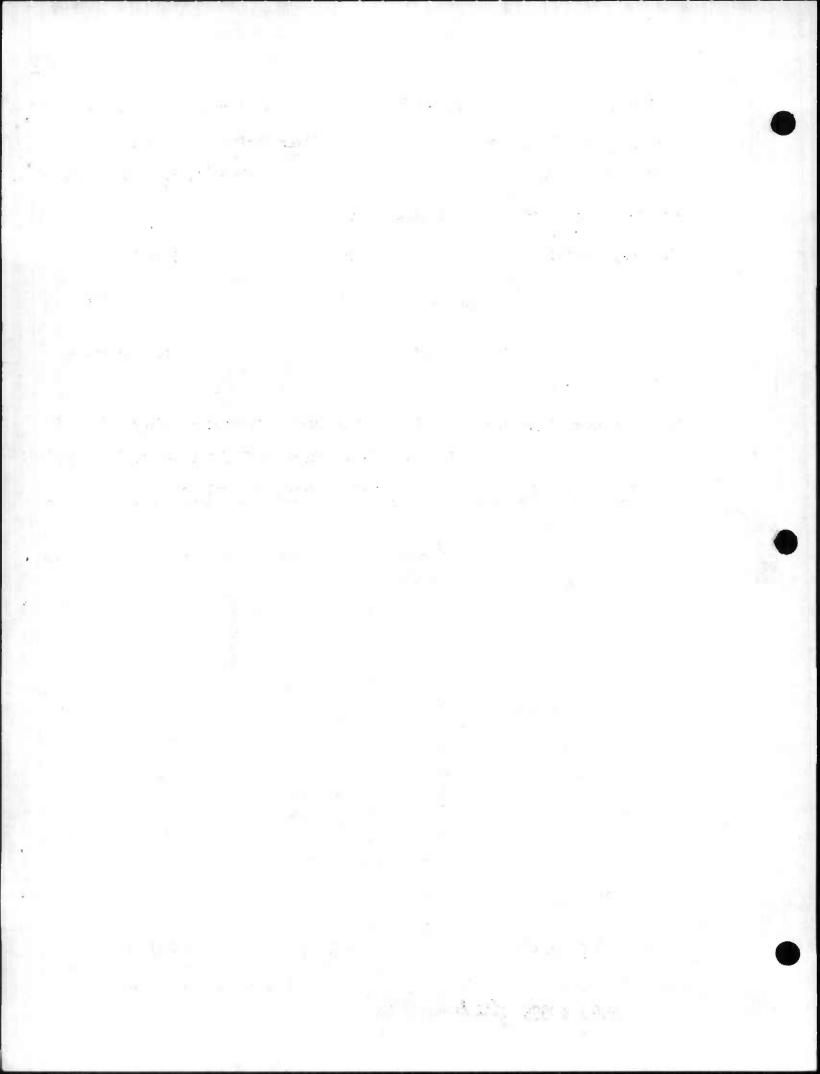
24262 Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth 3. Time of Death **Physician** Month Day CL AUDE Ε. BONBREST August 1996 11:30 PM /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Silver Spring Fox Chase Nursing Center Montgomery 5. Social Security Number If Under 1 Year If Under 24 Hrs. 8. Dete of Birth
Months Deys Hours Min. (Month, Dey, Year) 6. Sex 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) **Funeral** Deys 578-52-7952 Yrs 61 Director June 11, 1935 Washington, D.C. Usuel Residence of Decedent 10e. State 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examinar must be notified at 10d. Inside City Limits Maryland Montgomery Laytonsville Director 1 ☐ Yes 2 ☐ No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21615 Laytonsville Road 20882 United States Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 1 M Yes 2 □ No If Yes, Give Yeer or Detes:U N K N O WN 13. Wes Decedent of Hispenic Orlgin? (Specify Yes or No-lf Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. Race - American Indien, Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No þ Specify: White 3 ☐ Widowed 4 ☐ Divorcad Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Minister Episcopal Church 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Louis J. Bonbrest Cora Royston 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 11105 Hoffman Drive, Germantown, Maryland George Bonbrest / Brother 20876 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete Date M Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Laytonsville Cemetery 8/10/96 Laytonsville, Maryland 21. Signeture of Funerel Service Licensee 22. Name end Address of Fecility Muriel H. Barber Funeral Home 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest,

Applications and the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest,

Applications and the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest, 20882 Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediete Ceuse (Finel . Metastate Leng Cell Caranoma of Lett Kodney 3weeks diseese or condition resulting in deeth) Examiner Due to (or es e consequence of): Examiner To the Hospital or Attanding Physician: The law requires that the death certificate be associated within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physicien and completely filled in by the funeral director, page 2 should be deteched for use as the burier-transit Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Box 68760, attending physicien for use as the bune Physician/Medical Due to (or es e consequenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? Chrone Rend Insufficiency 1 Yes 2 No 3 Probably 4 Unknown Essental Hyportersion Completed by 24b. Were sutopsy findings available prior to completion of cause of deeth? 24e. Wes en eutopsy performed? morbed obesity 1 🗆 Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Wes cese referred to medical 26. Piece of Deeth (Check only one) Hospitel: 1 | Inpatient 2 | ER/Outpatient 3 | DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 No Certification: 27. Menner of Deeth 28e. Dete of Injury (Month, Dev Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 5 Pending investigation 1 Neturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, and due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the basis of examination end/or investigetion, in my opinion, deeth occurred et the time, date and plece, and due to the ceuse(s) end menner steted. edicai 29e, Certifier (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D41881 30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print) Allan S. Rogers M. (31. Dete filed (Month, Day, Year) AUG 1 4 1996 8630 Fenton St. Scite 900 Silverspring, MO, 20910 32. Registrer's Signature State

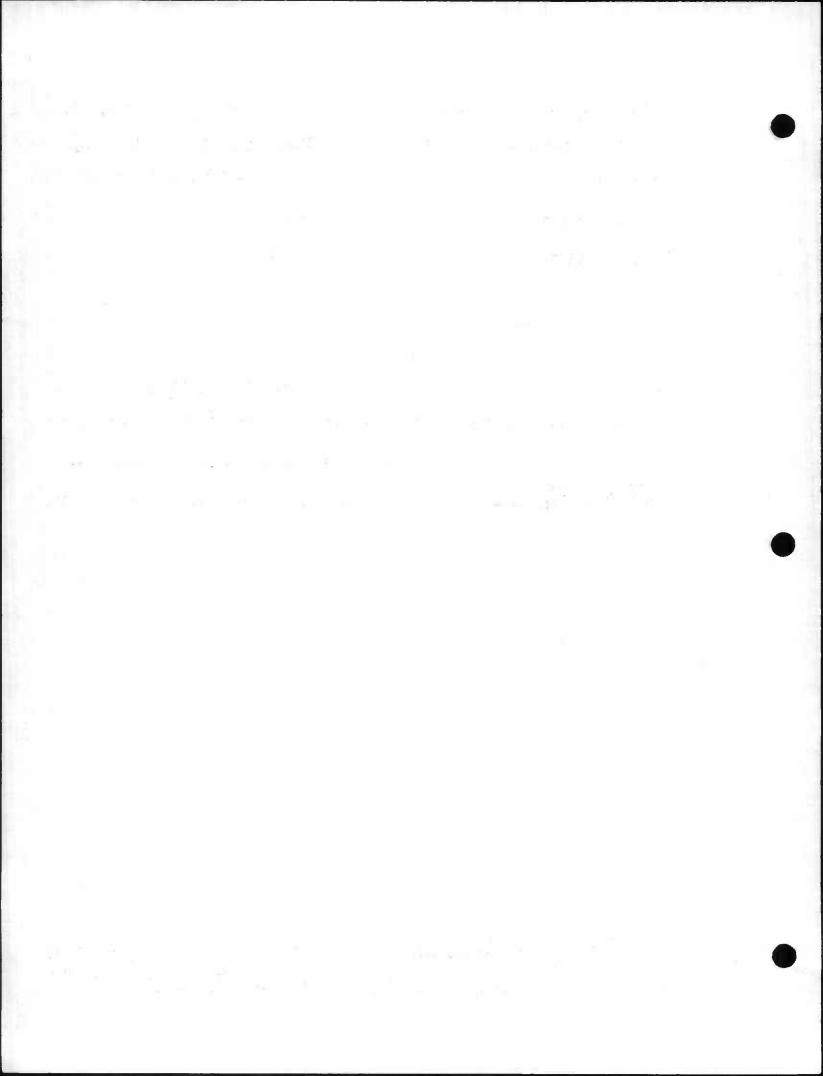
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96

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						Certifi	cate of	Death			Reg. No.		
	Dhuaisi		Decedent's Name (First, Middle, Last,							2. Dete of Dea		Year	3. Time of Death
	Physici /Medi		Rodney D	Bar	ver					John	20	1996	11:50 an
)	Examir		4a. Facility Name (If not institution, give				4			cation of Death			
			Johns Hopk	-ms Hos	estago					d'wd	Ba	mel	one
	Funeral		5. Social Security Number 6. Sec	x 7. Age ∂M 2□F	(In yrs. last birt	Mo	Inder 1 Year oths Deys	If Under 2	4 Hrs. Min.	8. Date of Birt (Month, Da) Oct 24	h v, Year)	9. Birthpl Coun	lace (State or Foreign
	Director		219 92 5286 -	ğıw ZDP	34	Yrs.				Oct 24,	1961	Mary.	land
	pu *		Usual Residence of Decadent 10a. Stete 10b. County		10c. City, Towr	n or Locatio	n					10	0d. Inside City Limits
	/anyli	ō	Maryland Calvert					Lusby					1 ☐ Yes 2 X No
	the Marylar 28a-f ehow notived	Director	10e. Street end Number			1/	of. Zip Code				10g. Citizen of	What Coup	
	with with	Ö	415 Laurel Drive			1	71. Zip C000	2065	7		USA	What Court	uyr
	eath w	erai		12. Was Decedent Ev	or in II S	12 Mon I	Decedent of H			cify Yes or No-		ce - America	en Indian
_	d 2 should be filed within 72 hours aftar death with the Maryland th and Mental Hygiena. 7 is marked other than "natural", or items 23s or 28s-f show treumatic event, the Medical Examiner must be notined at	Funeral	1 Never Married 2 Married	Armed Forces?		if Yes	, specify Cuba	an, Mexican,	Puerto F	Rican, etc.)		ck, White,	
21215-0020	Irs aff	by	3 □ Widowed 4 □ Divorced	If Yes, Give	,	1 🗆 Y	es 2X No	Specify:			Specify	v: wh	ite
Ö	72 hours natural',		15. Decedent'a Edu	cation	16a.	Decedent's	Usuai Occup	ation			16b. Kind of B		
215	hin 7.	Completed	(Specify only highest grade Elementery/Secondary (0-12)	e completed) College (1-4or 5+)		(Give kind life. DO N	of work done of OT use retired	during most (d)	of workir	ng			
21	e filed withir il Hygiena. other than vent, the W	E O	11	College (1:401 5+,		none						_	
p	of Hy	Be	17. Father's Name (First, Middle, Last)					18. Mother	's Name	(First, Middle,	Maiden Suman	ne)	
/iai	should by and Ments marked marked	To	Paul Sidney Bau	ıer				Dori	s J	ean Ta	allman		
Maryland	2 should be filed withing and Mental Hygiena. In marked other than eumatic event, the Mental County than the Mental County the Mental County the Mental County the Mental County the Mental County the Mental County the Men		19a. Informant's Name/Reletionship (Ty	rpe, Print)	19b.	. Mailing Ad	dress (Street	an <i>d Number</i>	or Rura	l Route Numbe	r, City or Town	State, Zip	Code)
	jes 1 and 2 of Haalth of If Item 27 In or other tre		Doris J. Smack	/ mother	6	00 W	ilson	Road	, H	unting	gtown,	MD	20639
ore	of Haalth of Haalth item 27 other to		20a. Method of Disposition		20b. Piaca of		(Name of	ce)		Date	20c. Location	- City or To	wn, State
Ĕ	Pages nent of I mt: If its iry or o		1 ☐ Burial 2 🕅 Cremetion 3 ☐ R 4 ☐ Donetion 5 ☐ Other (Specify)	temoval from State					tory	7/31/	'96 Ale	exandi	ria, VA
Baltimore,	permit. Page Department of Important: If any Injury or once.		21. Signature of Funeral Service License	00	1	-	ne and Addre			, ,			
8	Depar Impor any Ir		1 William The			Par	ech E	moral	Hom	D λ	Owing	re Mi	D 20736
			23s. Part1. Enter the disease or impli	cations that caused the	he deeth. Do r							Jo, FII	Approximate
4	Physician		shock, or heart failure. List oilly or	ne cause on each line								i	Interval Between Onset and Death
A	/Medical		immediate Cause (Finel disease or condition	Daly	20. 10	Carc	A	0100-	+			1	1 hr
	Examiner		resulting in death)	D 01/101	we to (or as a c	consequence	a 00).	even	21				I M
		Je		Press	20 2.	c frag	han	of m	nala.	Lanine	sortie	201.4	9
	cuted	Examiner	Sequentially list conditions.		ue to (or es e	,	3	01 11	V(A)	ansca!	eville	valle	
o'	an ar		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury									į	
68760,	eath certificata be axecuted attending physician and for use as the burial-transit	/Medical	that initiated events reaulting in death) Lest	D. ————————————————————————————————————	ue to (or as a c	onsequenc	e of):					-	
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XOX	th ce	an		J									
B.	death ne atter ed for u	Physician	Part il. Other significant conditions con	tributing to death but	not resulting in	the underly	ring cause giv	en In Pert I.		23b. Did t	obacco usa co	entributs to	the cause of death?
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Record	v raquire been si should									24e. Wes	an autopsy med?	ava	ere autopsy findings allable prior to
S	aw 2 s	pie										of (mpletion of cause death?
Œ	0 - 0	Completed								101	es 2 No	10	Yes 2 No
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1	0 0	To	examiner?	lospitei:	2□ER/Ou	tpetient 3	DOA Oth	ier: 4 Nurs	sing Hon	ne 5 ☐ Resid	lence 6 🗆 Ott	ner (Specify	y)
Jor			27. Manner of Death	28a. Date of injury (Month, Day)	28b. T	Time of	28c. Injur Wor	y at	2	8d. Describe t	ow injury occur	rred	
<u>i</u>	Attending ir death. ector: Aftai by the fune	atic	1 ■ Natural 5 ■ Pending 2 ■ Accident investigation	(111011011, 22)		N		Yes 2□N	lo				
Division	Atte	tific	3 ☐ Suicide 6 ☐ Could not be determined	28e. Place of Injury building, etc.	y - At home, far	rm, street, f	actory, office		2	28f. Location (S City or Tox		ber or Rura	l Route Number,
Ö	s afta	Certification:		ballanig, etc.	(Specify)					Only or Ton	, 0.12.07		
	Hospital 24 hours a Funeral staly filled	cai	29e. Certifier 1 Cartifying Phys	ician: To the bast of	my knowledge	, death occi	rred at the tin	ne, date and	piece, a	and due to the	cause(s) and m	anner ss st	ated.
	To the Hospital or Attendi within 24 hours after death To the Funeral Director; A completely filled in by the fi	edicai	one)	ner: On the baais of e end menner stete	nd.	WOI INVESTIG	otion, in my o	priion, death	occurre	o at the time,	Jete and piece,	anu due 10	ruie cause(s)
	To the Com	Σ	29b. Signeture end title of certifier	^ ′			29c. Licens	e number			29d. Dete signe	id (Month, I	Day, Year)
			Marrul	B. Dlue	diame		NIS	592			Joh	4 20	1996
	10		30. Neme and address of person who co	mpleted cause of dea	th (item 23a) (Type, Print	, .	-1	1 /	(000	N. Wa	The s	Street
	, ,		Darry B. Thom	AS MD	Jahn.	s Hop	KINS	HOSPH	HAI	BAL	timore	MD	21287
	Sta		31. Date filed (Month, Day, Year)	32. Registrer	s Signature						-		
	Registr	ar	AUG - 1 199	6 full do	wilson-Ro	irdall							



State of Maryland / Department of Health and Mental Hygiene

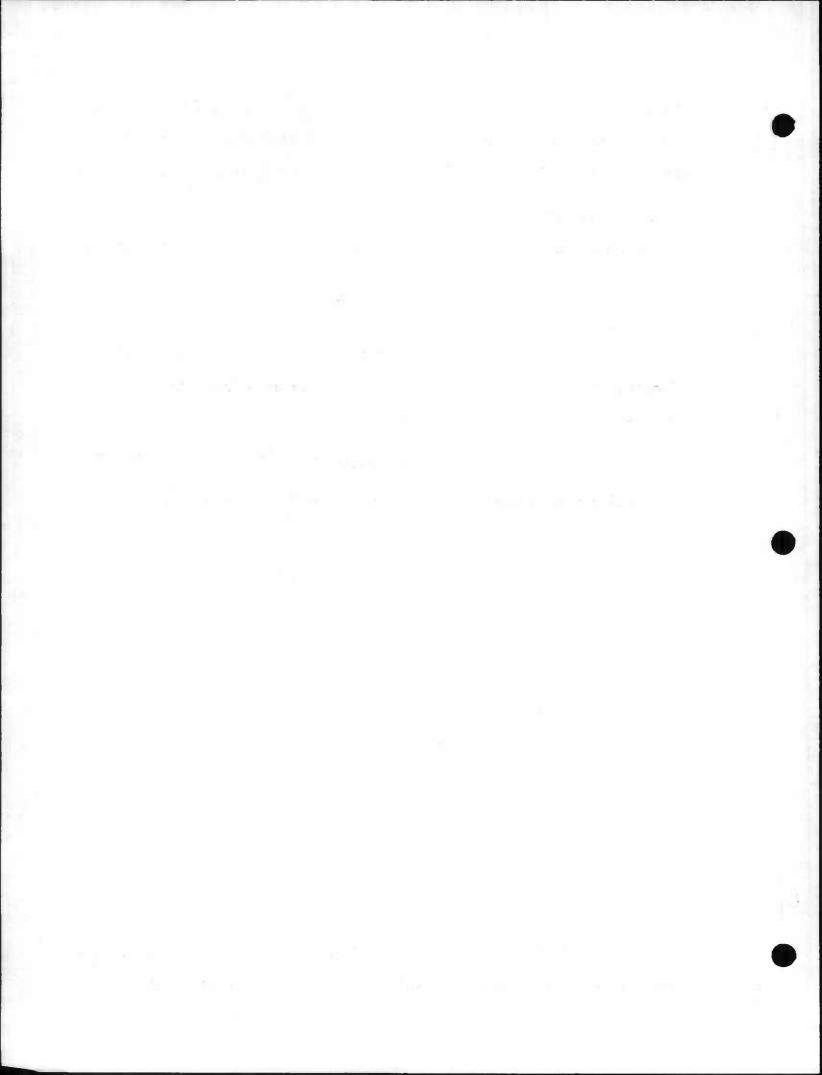
						Certifica	ate of	Death		Reg. No.	6	24264
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4.5			Calvert Memor:	lal Hospita	1			Prince F	rederick	Ca	alver	t
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P			Usuel Residence of Decedent		0 0 T							
n/a	P P		10e. Stete 10b. County		Oc. City, Town						10	Od. Inside City Limits
×	- 8	cto	Maryland Calve	ert	Pri	nce Fre	ederi	ck				1 ☐ Yes 2 X No
th with th	23a or 2	Funeral Director	10e. Street end Number 60 Wilson Court	-		10f.	Zip Code 206	78		10g. Citizen of V USA		try?
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2 Pc	"natural", Idical Exa	Completed	15. Decedent's Ed	ucation	16a.	Decedent's U	suel Occu	pation		16b. Kind of Bu	usiness/Ind	lustry
hin 7	. E B	pie	(Specify only highest gra Elementery/Secondery (0-12)	College (1-4or 5+)		life. DO NOT	T use retire	during most of wo	orking			
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2 🖺	nd Mental Hygi marked other imatic event, I	Bec	17. Fether's Neme (First, Middle, Last)					18. Mother's Ne	me (First, Middle,	Maiden Sumen	10)	
d d	Mental arked o	To B	Andrew	Harr	is			Elea	anor	Love		
d 2 should be file			19e. Informent's Neme/Reietionship (7	ype, Print)	19b	Meiling Addre	ess (Street		Rural Route Number		State, Zip	Code)
and 2	tra tra		Pauline Jones/Daug						Frederi			,
בַּ בַ	755		20e. Method of Disposition			Disposition (f			Dete	20c. Location -		wn. Stete
Pag	0 = X		1 X Buriel 2 □ Cremetlon 3 □ 4 □ Donetlon 5 □ Other (Specify)		own's (Cemet	ery	8/3/96	Port Re		
permit.	Department Important: any injury conce.		21. Signeture of Funeral Service Licen	8	10				ewell Fu			, MD 2067
requires that the death certificate be executed	ng physician and s as the burlat-transit	Medical Examiner	resulting in death) Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underfying Cause (Disease or Injury that initiated events resulting in death) Last	C		consequence of conseq		yocar	dal	ligare	tion	/2
death cert	e attendir d for use	Physician/	Pert II. Other algnificant conditions or	d	ot resulting in	the underlyin	o causa di	ven in Part I	23b Did	obacco una co	ntribute to	the cause of deati
that the	ed by the detached	y Phys							10			Debly Cunknow
he law requires the	s been signer 2 should be	Completed by							24e. Wes	en autopsy med?	cor	ore autopsy findings alleble prior to appletton of cause death?
The	ate has page 2	E							101	res ZE No	10	Yes 2□ No
	o Hi	0	25. Wes case referred to medical	*				28 Place of De	eth (Check only o			
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6	s after death al Director: A ed in by the f	Certification:	3 Suicide 6 Could not be determined	28e. Place of injury building, etc. (S	- At home, fe	rm, street, fect	tory, offica		28f. Location (S City or Tox	Street and Numb vn, State)	er or Rura	Route Number,
	within 24 hours after of To the Funeral Direct completely filled in by	edical	29a. Certifier (Check only one) 1 Certifying Phy one) Medical Exam	raician: To the best of miner: On the basis of execution meaning states	aminetion end	, deeth occurre 1/or Investigeti	ed at the ti ion, in my o	me, dete end plac opinion, deeth occ	a, end due to the curred at the time,	ceuse(s) end ma dete end pleca,	inner as st end due to	eted. the cause(s)
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-	> = 0		Mal Lad us	/h			no	16246	/	Tuly	31	1991
			MALTMA	W M')						0001	,)1	(/ / 6
			30. Name and eddress of person who d	ompleted cause of deet	(Item 23e) ((P)	2061	9			
			31. Date filed (Month, Dev. Year)	WAL	Sland	110		0001	0			
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State of Maryland / Department of Health and Mental Hygiene

24265 Certificate of Death 1, Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Deeth Day 1996ear **Physician** July 31, 330 P Floyd Bowen /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Calvert 308 White Sands Drive Lusby | If Under 1 Year | If Under 24 Hrs. | 8. Data of Birth | 9. Birthplaca (State or Foreign Months | Days | Hours | Min. | August 19 1919 | Mary Land 5. Social Sacurity Number 7. Aga (In yrs. last birthday) **Funeral** 1⊠M 2□F 214 14 3890 Yrs. Director Usual Rasidance of Dacedant death with the Maryland 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits Pages 1 and 2 should be filed within 72 hours after death with the Marylar nent of Heelth and Mental Hygiene, unt: If Item 27 is marked other than "natural", or Items 23s or 28s-f show any or other traumatic event, the Madical Examines must be notified. Maryland Calvert Lusby 1 ☐ Yas 2 No Director 10g. Citizen of What Country? United States 10e. Street and Number 10f. Zlp Coda 20657 308 White Sands Drive Funeral Was Dacedant of Hispanic Orlgln? (Specify Yas or No-it Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status 12. Was Decedant Evar In U,S. Armed Forcas? Race - American Indian, Black, Whita, atc. 1 ☐ Navar Marriad 2 ☑ Married 1 ☐ Yas 2 XNo If Yas, Giva Yaar or Datas: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: Specify: white þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Elementary/Secondery (0-12) Coilega (1-4or 5+) farmer agriculture 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nema (First, Middla, Maidan Sumama) Holsworth Bowen Effie Darcus Fowler 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zio Code) same as #10 Margaret Bowen 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata Department of important: If It any injury or o once. 1 □ Bunal 2 □ Cramation 3 □ Ramoval from Stata 4 □ Donation 5 □ Othar (Specify) 96 Aug Solomons Maryland Solomons Cemetery 21. Signature of Funaral Sarvice Licensas 22. Nama and Addrass of Facility Rausch Funeral Home 4405 Broomes Is. Rd. Port REpublic Maryland 23a. Part 1. Entar tha disaasa, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory errest, shock, or heart tailure. List only one ceuse on each line. **Physician** /Medical Immediata Causa (Final disaesa or condition rasulting in daath) Examiner Carcinoma Examiner Prostatic ician and burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, laading to immadiata causa. Entar Underlying Causa (Disaasa or Injury that initiated evants rasulting in daath) Last Dua to (or as a consequance of): physician s the burial Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 ☐ Unknown 1 Yes 2 No centery disease þ Completed 24b. Were autopsy tindings aveilable prior to 24a. Wes an autopsy periormed? completion of cause of death? page 2 1 Yas 2 2No 1 ☐ Yas 2 ☐ No certificate or Attending Physician: Be 25. Was casa ratarrad to medical 26. Placa of Death (Check only ona) Other: 4 ☐ Nursing Homa 5 ☐ Rasidance 8 ☐ Other (Specify) 1 Yas 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funerai 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred After Netural 5 Panding invastigation after deeth. 1 Yas 2 No 2 Accidant 6 Could not be 3 Sulcida within 24 hours after de To the Funeral Directo completely filled in by th 28f. Location (Streat and Number or Rural Route Number, City or Town, Stata) 28a. Placa ot Injury - At homa, tarm, straat, tactory, offica building, atc. (Specify) 4 Homlcida Hospital Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Certifian (Check only one) å 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) harles W. Bennett M.D. D 25156 August 1, 1996 30. Name and address of person who complated cause of deeth (Item 23e) (Type, Print) Charles W. Bennett, M.D. 11845 H.G. Trueman Rd. Lusby Maryland 20657 31. Dete tiled (Month, Day, Year) 32. Registrar's Signatura State AUG - 5 1996 Murden Randall Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death **Physician** 16,1996 RUTH **EVA** July /Medical 4b. City, Town, or Location of Beath 4a. Facility Nama (If not institution, give street and number) 4c. County of Death **Examiner** SALISBURY WICOMICO PENINSULA REGIONAL MEDICAL CENTER If Under 1 Yaar | If Undar 24 Hrs. | Months Days Hours Min. 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Months 1 □ M 2 🔀 F 215-20-0948 84 Director October 5, 1911 Minnesota Usuai Rasidance of Decedant Fages 1 and 2 should be filed within 72 hours after death with the Meryland ment of Heelth and Mental Hygiene.
and If them 27 is marked other than *netural', or items 23a or 28e-f show lary or other traumatic avant, the Medical Experiment must be notified at 10a. Stata 10c. City, Town or Location 10b. County 10d. Insida City Limits 7 is marked other than "natural", or Itams 23a or 28a-f show traumetic avant, the Medical Examiner must be notified at to Yas 2 □ No Director Maryland Wicomico Salisbury 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 326 E. Vine St. 21801 USA Funeral 14. Race - Amarican Indian, Biack, Whita, atc. 12. Was Dacedant Evar in U,S. Armed Forcas? Was Dacedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status 1 ☐ Yas 21 No If Yas, Giva Yaar or Dates: 1 ☐ Nevar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yas 2√ No Specify: þ Specify: 3XNWidowed 4 □ Divorced White Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grada completed) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) Collega (1-4or 5+) Cutter Shirt Manufacturing Co. 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Surname) Be Neil Fred larson Grace Lottie Watson 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) Grace Dorman/daughter 1245 Johnson Rd., Salisbury, MD 21804 20b. Placa of Disposition (Name of cematary, crematory or other place) 20c. Location - City or Town, Stata 20a. Mathod of Disposition 1 ⊠Burial 2 □ Cramation 3 □ Ramoval from Stata 7/19/96 4 □ Donation 5 □ Other (Specify) Salisbury, MD Wicomico Memorial Park 22. Nama and Addrass of Facility Depar Impor any in M01051 Holloway Funeral Home 23a. Part1. Enter the disease, or complications that ulused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. 50! Snow Hill Rd., Salisbury, MD 21804 Approximate Interval Batween Onset and Death **Physician** /Medicai Immediata Causa (Final disease or condition rasulting in deeth) was LYMPHOMA Examiner Dua to (or es e consequence of): Examiner To the Hospital or Attanding Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be deteched for use as the burial-transit Sequantially list conditions, if eny, leading to immadiate cause. Entar Undarfying Cause (Diseasa or Injury that initiated events rasulting in death) Last Dua to (or es e consequance of): Box 68760, Physician/Medical Due to (or as a consequence of): Part If. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. 1 Yes 2 No 3 Probably 4 Unknown DEEP VEIN THROMBOS.S by 24b. Wara autopsy findings available prior to complation of causa of daeth? 24a. Was an autopsy Completed 1 Yas 2 No 1 ☐ Yas 2 ☐ No 25. Was case referred to medical axaminer? Be 28. Placa of Death (Check only one) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No Other: 4 Nursing Homa 5 Rasidenca 6 Other (Specify) Certification: To 27. Menger of Death 28e. Deta of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred 1 Netural 5 Panding 1 Yes 2 No invastigation 2 Accidant 6 Could not be detarmined 3 ☐ Sulcida 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Piece of Injury - At homa, farm, straet, factory, office building, atc. (Specify) 4 Homicida 1 Certifying Physician: To tha bast of my knowladge, deeth occurred at tha tima, data and placa, and dua to tha cause(s) and manner as steted. Medical 29a. Cartifiar (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceusa(s) and manner stated. 29b. Signatura and titla of certifiar 29c. Licensa number 29d. Data signed (Month, Day, Year) 029168 tale, M.D. 30. Nama and address of person who completed causa of daath (Itam 23a) (Type, Print) 560 RIVEYSIDE DV. A 204 SALISBURY, MO 2180) ROBERT ALLEN, M.U. 31. Data filad (Month, Day, Year) 32. Ragistrar's Signal Gra

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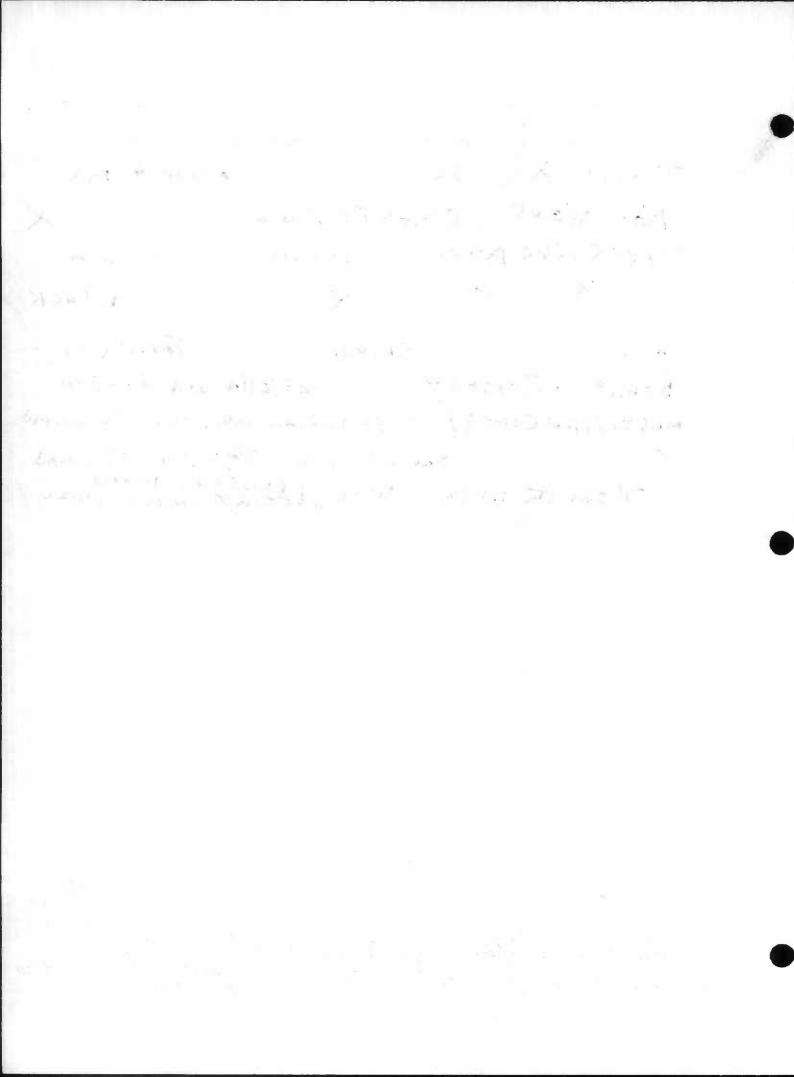
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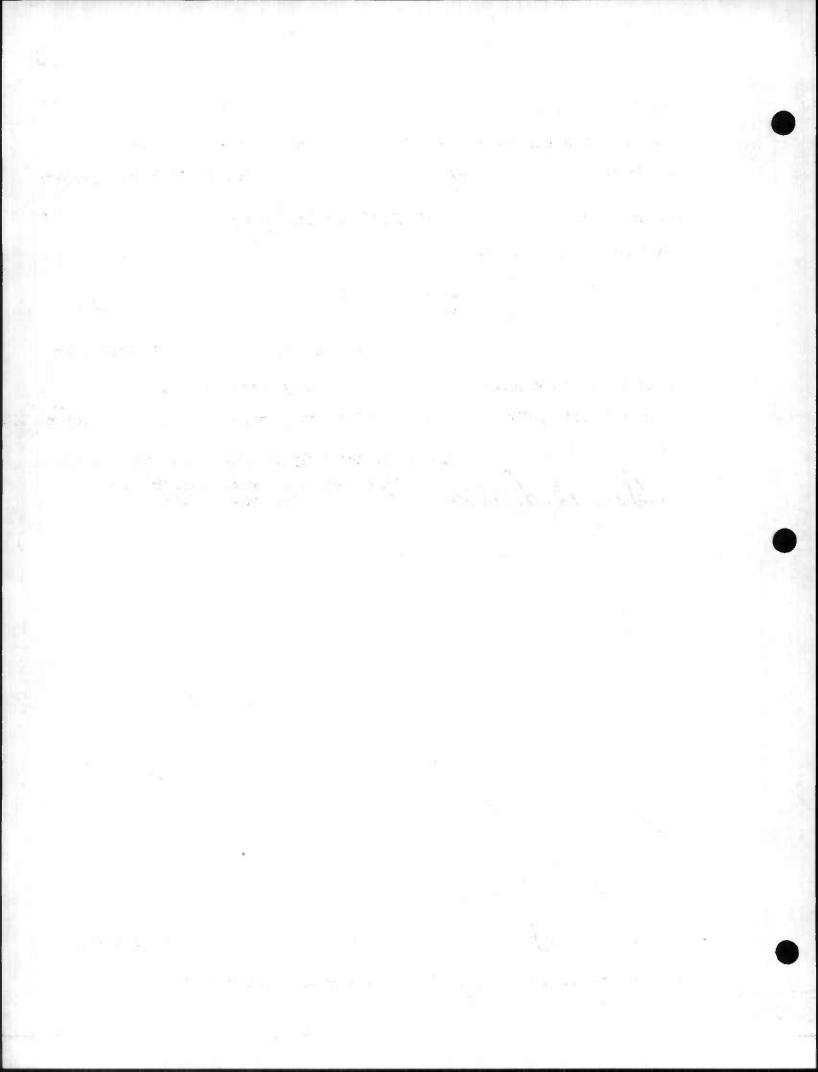
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	Examir		4e. Facility Name (If not institution, give	e street end number)		4b. City, Town, o	Location of Deeth	4c. County of	Death
			The Kent and Queen	n Anne's Hospi	tal, Inc.	Chester	town	Ken	t
	Funeral		Social Security Number 6. S		lest birthdey) If Under Months	1 Yeer If Under 24 Hr Deys Hours Min		Year) 9	Birthplece (State or Foreign Country)
	Director		218-16-8011	M 2 F 72	Yrs.	Coys Tiodis Will	FEO	14-24	MA
	P .		Usuel Residence of Decedent						
	anyle anyle		10a. Stete 10b. County	ut 10c. City	, Town or Location	R Town	,		10d. Inside City Limits
	e Me	9	110, 110		MESIE	12 10 m k			1 ☐ Yes 2 TNo
	d within 72 hours after death with the Meryland jiens. Than "natural", or items 23a or 28a-f show the Wedical Evanible Institut be notified at	Director	10e. Street and Number		10f. Zip	Code		10g. Citizen of Who	et Country?
	23a		7485 4041	AR ANE.		2/620		U.	SIA
	eep L	Funeral	11. Marital Stetus	12. Wes Decedent Ever In U. Armed Forces?	S. 13. Was Deced	dent of Hispanic Origin? (cify Cuban, Mexican, Pue	Specify Yes or No-	14. Rece -	American Indian, White, etc.
0	afte or th		1 Never Merried 22 Married	1 ☐ Yes 2 No If Yes, Give	1□ Yes	<i>e.</i>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Specify:	Black
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yla	should be and Mental marked of umaric ev	ည	LOW'S ?!	COMEGI		ESIE	mau	ASHI	-9102
Maryland	OI		19e. informent's Neme/Reletionship (4 - 4	19b. Melling Address	(Street and Number or I		r, City or Town, St	ete, Zip Code)
	CHNF		MRS. VIVIAY	COMEGY	7485	ROLIVE	DAE.	Mezil	ER Town Md
0			20e. Method of Disposition Suriel 2 Cremetion 3		lece of Disposition (Ner emetery, cremetory or o	ne of other piece)	Dete	20c. Location - Cit	
Ē	Pag ment: ant:		4 □ Donetion 5 □ Other (Specify		ANES (CEM.	1/19/96	nesi	FRIOWAND
Baltimore	permit. Page: Department of Important: If i any injury or once.		21. Signeture of Funerel Service Licen	see 🔬	22. Neme en	d Address of Fecility	MERA	1 140	ME
•••	805 5 8		Hennet	the wally	WA	いたるるた	A Tim	N. M.	. 21620
-			23a. Pert1. Enter the diseese, or companies shock, or heart fellure. List only	plications that caused the deeth	. Do not enter the mod	e ot dylng, such es cardi	ec or respiretory er	rest,	Approximete Interval Between
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	ss that gned b	by							
D	requires been sign should be							en autopsy med?	24b. Were autopsy tindings evailable prior to
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Division	Attending For death.	the	1 ☐Neturel 5 ☐ Pending 2 ☐ Accident Investigation	(Month, Dey Year)	Injury M	1 ☐ Yes 2 ☐ No			
VIS.	or Attendi	Hice	3 Sulcide 8 □ Could not be	208. Piece of injury - At no	me, term, street, tectory	, offica	28f. Location (5	treet and Number	or Rural Route Number,
á	5475	Certification:	4 Homicide	building, etc. (Specify	"		City or Tox	n, State)	
	To the Hospital or within 24 hours efter To the Funeral Dir completely filled in		29e. Certifler 1 Certifying Ph	ysician: To the best of my know	viedge, deeth occurred	at the time, dete end plea	e, end due to the	euse(s) and menn	er as stated.
	n 24 n 24 ne Fu	edical	(Check only 2 Medical Examone)	niner: On the basis of examinet end menner steted.	ion and/or investigetion	, in my opinion, deeth occ	curred et the time,	dete end pleca, and	d due to the cause(s)
	Within To th	ž	29b. Signeture and title of certifier	3	290	. License number	0	29d. Date signed (Monthy Day, Year)
			Games 4	1 Wenn	a MO	D319	79	7/14	196
			30. Neme and eddress person who	completed dause of death (Item	231) (Type, Print)	ENT +	OH H	en o	WNES HOSD
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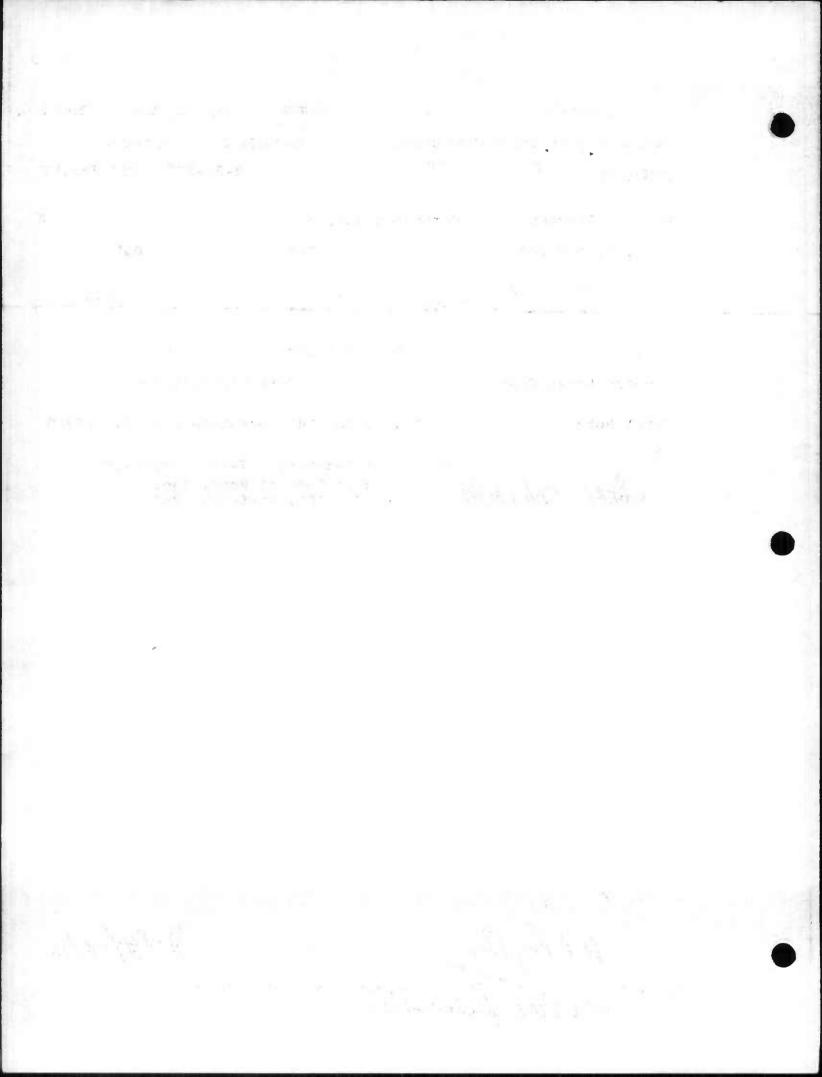
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	Physic	an	Decedent's Name (First, Middla, Last)		2. Dete of Deeth 3. Tima of Month Dey Year							
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п	Examir	ner	4e. Fecility Neme (If not institution, give street	A-0			4b. City, Town, or	Location of Dec	eth 4c. County	of Death		
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	/land		10e. Stete 10b. County	10c. City,	Town or Location	Cho	at 0 mt 0			10	d. inside City Limits	
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	or 28	lrec	10e. Street and Number			Zip Code	,		10g. Citizen of W	/hat Countr	у?	
	th wi	Funeral Director	150 Flatland Road, A	pt. 40		2162	0		U.S.	.A.		
	ems erm	iner	11. Maritel Stetus 12. V	Was Decedent Ever in U,S. Armed Forces?	es 2 No 1955- 1 Yes 2 2		nt of Hispenic Origin? (Specify Yes or y Cuben, Mexicen, Puerto Ricen, etc.)					
20	n 72 hours after deeth with the Maryland "netural", or items 23a or 26a-f ahow poirtal Examinet must be notified at		1 Naver Married 2X Married	X Yes 2□No 1955 f Yas, Give 1955			Specify:	10011, 010.7	Specify:		C.	
00	houn tural	d by		Year or Dates: 1957			1 1		ite			
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212	filed within Hygiene. other than	E	Elamantary/Secondary (0-12)	Collage (1-4or 5+)	Forkli		,		Plastics Manufacturer			
p		BeC	17. Fether's Name (First, Middle, Lest)					me (First, Midd	ie, Maiden Sumem			
Maryland 21215-0020	2 should be end Mental is marked o	TOE	Carroll Joseph Conn	olley			Mary Ve	rona Ha	rdesty			
lan	end s m		19a. Informant's Name/Relationship (Type, I						ber, City or Town,			
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Ore	Pages 1 nent of H int: If iten		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Remo	Com	ce of Disposition (netery, cremetory	Neme of or other pie	ce)	Date	20c. Location -	City or Tow	n, State	
ţ	tmen tant:		4 ☐ Donetion 5 ☐ Othar (Specify)		ter Ceme				Chesterto	own, I	Maryland	
Baltimore,	permit. Pages 1 e Department of He Important: If item any Injury or othe		21. Signature of Funeral Service Licensee	1000 20	Fellow	end Addre	ss of Facility enbein & N	Vewnam Fu	neral Home,	P.A.		
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Division of Vital Records,	l or Atte efter de Directo d in by ti	Certification:	3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, farm, street, fact building, etc. (Specify)				lactory, office 28f. Location City or			on (Street and Number or Rural Route Number, r Town, State)		
	To the Hospital or Attending Ph within 24 hours effer death. To the Funeral Director: After th completely filled in by the funeral	edicai C	2 Medical Examiner:	n: To the best of my knowle	edge, death occurr n end/or investigat	ed at the tin	ne, deta and place pinion, death occu	e, end due to the	e ceuse(s) and mar , date and plece, e	nner es stet	ed. ha ceuse(s)	
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}	}	4	30. Name end address of person who compla	ted cause of death (from 0)	3a) (Tune Print)				1 - 2	-)	/ 0	
		1	Dr. Michael Bienenfe			nester	rtown Me	rvland	21620			
	Sta	e	31. Dete filed (Month, Dey, Year)	32. Registra's Signatura	a: 1	1.00	. JOHLL ALC		-1.020			
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State of Maryland / Department of Health and Mental Hygiene Q &

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	Physici /Medic		RICHARD		L.		C	COSNER		July	Dey Year 13, 1996		2:40	P.M.	
)	Examir		4a. Facility Neme (If not institution, give	street and number)					4b. City, To	wn, or Loc	cation of Deeth	4c. County	of Death		
			Memorial Hospital	and Medic	al Ce	nter			Cum	ber1a	and	Alle	gany		
	Funeral Director		5. Social Security Number 6. Se 235–50–9189 Usuel Residence of Decedent	ex 7. Age	5 9	Yrs.	Months	er 1 Yeer Deys			8. Dete of Birt 2 Mooth Da	h	9. Birthol	ace (State or .	Foreign V
	ahow dat	2	10a. Stete 10b. County		10c. City,								10	d. inside City	
	No M	cto	WV Presto	n	Hors	seSho	oe R	un,	WV					1 Yes 2	ZXI NO
	th with the 23a or 2	al Director	10e. Street and Number Rt. 2, Box 2	248			10f. Z	ip Code 2 (5769			10g. Citizen of 1	What Count	try?	
21215-0020	should be filed within 72 hours after deeth with the Maryland diental Hygiene. marked other than "natural", or items 23e or 28e-f show imate event, the Medical Exerciter mark to notified at	by Funeral	11. Meritel Status 1 Never Married	12. Wes Decedent E Armed Forces? 1 (2(Yes 2 N If Yes, Give Yeer or Detes:	lo		Was Dec If Yes, sp		lispanic Or en, Mexica Specify:		cify Yes or No- Rican, etc.)		e - America ck, White, e	etc.	
	hin 72 ho h. In "natur Wed call	To Be Completed	15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+)			16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired)						16b. Kind of B	nd of Business/Industry		
21	filed with Hygiene. ord, the M		12	College (1 401 5	''	Co	ore	Dri	ller			Coa1			
Maryland	ld be file lental Hy ked oth ic event		17. Fether's Neme (First, Middle, Last) Richard Logan	Cosner								Maiden Suman			
ary	SPEE	T	19e. tnforment's Name/Reletionship (T	ype, Print)		19b. Melli	ing Addre	ss (Street	and Numb	er or Rura	l Route Numbe	or, City or Town,	State, Zip	Code)	
Σ	and 2 salth a n 27 is		Carol Roth			Rt.	2.	Box	248	Hors	seShoe	Run,	WV	26769	J
Baltimore,	othe othe		20a. Method of Disposition		20b. Pled	a of Dispo	osition (N	ame of			Dete	20c. Location -			
E	Peges nent of I ant: If Its ary or of		1 Burial 2 Cremation 3 □ I 4 □ Donetion 5 □ Other (Specify,							.	7 16	m1-			
alti	permit. Departm Importa any inju		ROSE HILL CEMELELY 7-10 Thomas, wy												
ä	Depa Impo any ir		PO Box 186, Davis WV 26260												
			23a. Perf1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heert failure. List only one cause on each line. Approximate interval Between												
	Physician / /Medical Examiner		Immediate Cause (Fine) disease or condition resulting in deeth) e. SEPSIS 48 hours												
		70	rooding in dooding		Due to (or e		. 1117):							
Т	nsit	Examiner		b. GANGREN										72 hour	rs
_6	axecu a end el-tra		Sequentially list conditions, if any, leading to immediate cause. Enter Undertying SEVERE OCCLUSIVE PVD												
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	certificate be executed iding physicien end ise as the buriel-transit	VMedical													
ă	that the deeth certied by the attending detached for use	Physician/N	But a Catalog State of the Cat						-11 1/2 II- 1		1		1		
o.	the d y the	ysi	Pert II. Other significant conditions co	ntributing to death bu	t not resulti	ng in the u	ınderlying	cause giv	en in Pert	l.		obacco use co		V	
JS, P	requires that the deeth cer seen signed by the attendir should be detached for use	þ	chronic Renal failure, blabetes M., Cardiomyopathy,								3 Prob	. /\	nknown		
Vital Records, P.O. Box	2 S S	Completed	Pulmonary Fibrosi	.S •								an eutopsy med?	con	re autopsy fin Ilable prior to apletion of cau leeth?	
E	The I	PO									101	08 20 No	10	Yes 2□N	lo
<u> </u>	certificate	Be (25. Wes case referred to medical examiner?						26. Plece	of Deeth	(Check only o	ne)			
2	Physic this ce al dire	2	1 Yes 25 No	Hospitel: 1 Inpatier	nt 2 EF	VOutpetle	nt 3 🗆 🖸	OA Oth	er: 4 No	ursing Hon	ne 5 Resid	lence 6 Oth	er (Specify)	
ono	Attending Physician: r death. ector: After this certific by the funeral director,									red					
Division of	F	Certification:	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide determined	ry - At home (Specify)	thome, ferm, street, fectory, office 28f, Location					8f. Location (S City or Tox	on (Street and Number or Rural Route Number, Town, State)				
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edical C	29e. Certifier (Check only Medical Examiner: On the basis of exemination end/or investigation, in my opinion, deeth occurred at the time, dete and pleca, and due to the cause(s)												
	ithin ithe	Med	one) 29b. Signeture end title of certifier	and menner stet	leQ.		20	c. Licens	e number			29deDate signe	d (Monw f	lay, Yanri	
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			1V'H'/C	MILIMA				D 19	318			0	1/2	0/96	
			30. Neme end eddress of person who co										(/	
			N. Ranjithan, M.D.	, 517 Old	town I	Road,	_Cum	ber1	and, 1	Md.	21502				
	Sta Registr	ie ar	31. Dete filed (Month, Day, Year) AUG 1 4 1	996 32. B/Gistra	July	or Kan	fall								

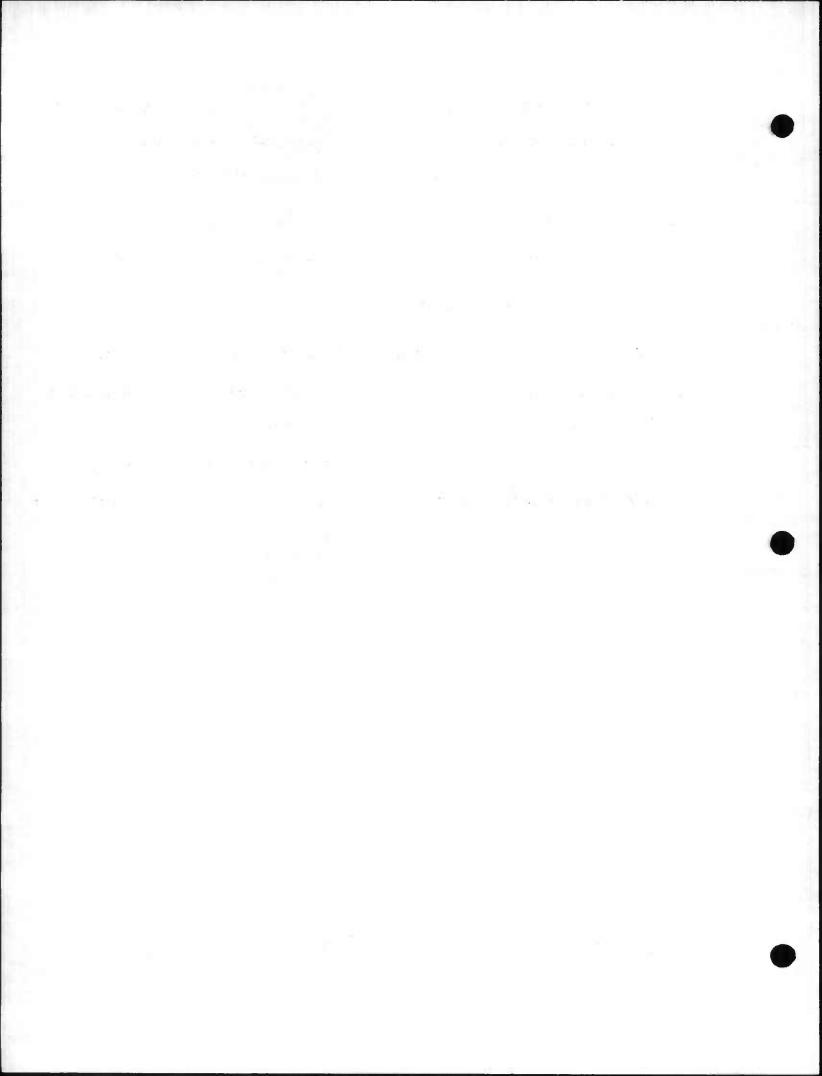


			16	State of Ma		/ Depa		Health a	nd Mental Hy	ygiene 9	-	24,270		
	Physici /Medi		Decedent's Neme (First, Middle, Last) DAVID ED		ULLI	NAN			2. Date of D Month Augus	Day	Year 996	3. Time of Death 3:50 am		
	Examir		4a. Facility Nema (If not institution, give s 5945 Karen C 5. Sociel Security Number 6. Sex	Court	a (in yrs. las	6 hirthday)	If Under 1 Year	Chesar	n, or Location of Dea Deake Beac	h Cal	vert			
	Funeral Director			M 2□ F	5 1	Yrs.	Months Deys		Min. 8. Dete of B (Month, D Aug. 2	20, 1944	9. Birtho Coun In	aca (Steta or Foreign indiana		
	hours after deeth with the Meryland furst', or ferna 23a or 28a-f show all Examinet must be notified at	tor	10a. Stata 10b. County	a. Stata 10b. County 10c. City, Town or Location						Chesapeake Beach				
	or 28	Director	10e. Street end Number				10f. Zlp Code			10g. Citizen of V	Vhet Coun	try?		
	123 W	<u>a</u>	5945 Karen C	ourt				2073	2	Ţ	JSA			
50	s within 72 hours after deeth with the Merylan liene. Than "natural", or fleme 23e or 28e-f show well as the Medical Examiner must be notified at	by Funeral	11. Meritel Stetus 1 □ Never Merried 2 ☑ Merried 3 □ Widowed 4 □ Divorced	Merried 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					in? (Specify Yes or N Puarto Rican, etc.)	-	14. Race - American Indien, Bieck, Whita, atc.			
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21215-0020	should be filed within 72 ind Mental Hygiene. I marked other than "nat umatic evant, the Medic	Completed	15. Decedent's Educ (Specify only highest grade Elementery/Secondery (0-12)		+)	(Giva I life. D	ent's Usuei Occu kind of work done OO NOT use retin	during most (ed)		n tele	ephoi			
	il Hygin other	Ü	12 cable splicing technician 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meli											
Maryland	ed be ental ced c	To Be	John F. Cullin	an					ldine			ronalei		
2	d 2 should but and Menta Menta T is marked traumatic events.	 	19e. informent's Neme/Reletionship (Typ			19b. Melijn	n Address (Stree		or Rurel Route Numi	ber. City or Town		venski Codel		
0	and 2 lealth a m 27 is		Kathryn Cullina 20e. Method of Disposition		e 20b. Pied	same	as #	10 ab		20c. Location -				
altimore,	permit. Pages 1 Department of H Important: If itel any Injury or ott		1 ⊠ Burial 2 □ Cremation 3 □ Removel from Stata 4 □ Donetion 5 □ Other (Specify) Maryland Veterans Cemetery 8-6-96 Cheltenham, MD 21. Signetum of Funeral Sarvice Licenses 22. Neme end Address of Facility											
g	Depa Impo any i		William &	Le					Home, P.A	., Owin	ıgs, l	1D 20736		
	Physician /Medical		23a. Pert1. Entar the disease, or compfice shock, or heert fellure. List only on Immediate Ceuse (Finel					Λ 0	ardiec or respiretory	errest,		Approximete Interval Between Onset and Death		
	Examiner	ler	disease or condition resulting in deeth) e	BRAI	Due to (or e	s e consequ	WAR Y uenca ot):	//10	10051		1	9 Y.		
	death certificate be assocuted e attending physician and of for use as the burial-transit	Medical Examiner	Sequentieily list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest		Due to (or ea							Thomas		
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	uires that the des signed by the alid be detached for	Physician/Medi								d tobacco use contribute to the cause of death? Yes 2 No 3 Probably 4 Unknown				
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0	dcian: The la certificate ha rector, page	T 1							1 1 1	Yes 22No	1 L	Yes 2 No		
Z	Physician: this certific rel director,	Be												
0	5 00	10	1 Yes 2 10 Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Othe						4 Li Nursing Homa au Hesidence 6 Li Other (Specify)					
UNISION	Attending For death.	Certification:							njury et Work? 1 ☐ Yes 2 ☐ No					
2	ital or Al urs after c ral Direc lled in by		4 Homicide determined building, etc. (Specify)											
	To the Mospital or Attanding Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	Medical	29e. Certifier (Check only one) 1 Certifying Physical Certifying	ician: To the best of ar: On the bests of and menner sta	examinetion	dge, deeth end/or inve	estigetion, In my	opinion, deeth	pleca, end due to the occurred et the time	, dete end piece,	and due to	the cause(s)		
	154	4	29b. Signeture end title	_			29c. Lican	46(8		29d. Date signer	(Month, I	Jay, Year)		
	1711		30. Neme end eddress of person who con	mpleted cause of de	eth (Item 23	3a) (Type, F	Print)			1 1				

State Registrar

31. Dete filed (Month, Dey, Year)
4 UG - 5 1996





State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Physician	
/Medical	
Examiner	

8/6/96 Carroll Co. P.L.C.

Funeral

Director "natural", or items 23a or 28a-f show notical Examiner must be notified at

Baltimore, Maryland 21215-0020 **Physician** /Medical Examiner

To the Hospital or Attanding Physician: The law requires that the death certificate be executed within 24 hours after deeth.

To the Funeral Director: After this certificate has been signed by the attending physician end completely filled in by the Interial director, page 2 should be deteched for use as the burnal-transit completely filled in by the Interial director, page 2 should be deteched for use as the burnal-transit Division of Vital Records, P.O. Box 68760,

									Reg. No.			
n	Decedent's Name (First, Middle,	Last)		:				2. Date of De Month	Day	Year	3. Time	of Death
i	RICHARD		JOSEF	H	D:	ELON		AUG.	04,	L996	8:3	5 AM
r	4a. Facility Name (If not institution, s	110000	,			4b. City, Town				nty of Death	1	
٦	5. Social Security Number 6	. Sex	7. Age (In yrs	. last birthday	y) If Under 1 Yes		Hrs.	8. Date of Bi (Month, Di	rth	9. Birth	npiace (State	or Foreign
	557-06-1711 Usual Residence of Decedent	1 ∑ M 2□ F		55 Yrs.	North Day	110013	2	Apr. 28	,1941	Ven	mont	
	10a. State 10b. County		10c. C	ity, Town or I	Location						10d. Inside	City Limits
allela Dilecci	MD Carro	1 7	Tan	eytowr	า						10K) Ye	s 2 No
	10e. Street end Number			CYCOM	10f. Zip Code	1			10g. Citizan o	of What Cou	untry?	
	323 East Baltim	ore Stre	et		21787	7			U.S.A.			
	11. Maritai Stetus		edent Ever in t	J,S. 13	. Wes Decedent o		? (Spec	city Yes or No)- 14. R		icen Indien,	
	1 Never Married 2 Married	1 □ Yes	2 No				uerto F	ticen, etc.)		lack, White		
	3 ☐ Widowed 4 ☐ Divorced	If Yes, Gi Yeer or E	Dates:		1 □ Yes 2√2 N	lo Specify:			Spec	ily: Cau	casian	1
	15. Decedent's (Specify only highest)	Education		16a. Dec	edent's Usual Occ a kind of work dor	supation	workin	10	16b. Kind of	Businass/I	ndustry	
nondino	Elamantary/Secondary (0-12)	Coilege (life.	DO NOT use reti	red)	WOIKIII	y	, A.			
	11			Truc	ck Driver				Commer	cial		
	17. Father's Name (First, Middle, La	st)				18. Mothar's	Name	(First, Middle	, Maidan Sumi	ame)		
	Leo		elon			Rose			Unknow	m		
	19a. Informant's Name/Relationship		>		iling Address (Stre							
	Virginia M. Delo	n (W	ife)		East Balt	imore S	t. (l'aneyt	own, MD	2178	37	
	20a. Mathod of Disposition 1 □ Burial 2 ☐ Cremation 3	□Removai from		Plece of Disp cemetery, cre	position (Name of amatory or other p	lace)		Date	20c. Location	n - City or T	Town, State	
	4 □ Donation 5 □ Other (Spec			ithsbu	rg Crema	tory	A	ug 5	Smiths	burg,	MD	
- 1	21. Signature of Funeral Service Lic	ensee		2	22. Nama end Add	Iress of Facility		136	E. Bal	to. S	St.	
-											2-0-	
	1. Kein St	iles			Skiles Fu				eytown,	MD 2	21787	
	23a. Pard. Enfer the disease, or co	mplications that only one cause on e	ceused tha dea each line.						**	MD 2	Approximatinterval Bar Onset end	atween
	Immediate Cause (Final disease or condition			th. Do not en	nter the mode of d	ying, such es cer	diac or		**	MD 2	Approxima Interval Ba	atween
	Immediate Cause (Final		BON MO	th. Do not en	nter the mode of d	ying, such es cer	diac or		**	MD 2	Approxima Interval Ba	atween
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	Immediate Cause (Final disease or condition resulting In death)		BON MO	NOXID	DE INTOX	ying, such es cer	diac or		**	MD 2	Approxima Interval Ba	atween
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State Registrar 31. Data filed (Month, Day, Year)

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State of Maryland / Department of Health and Mental Hygiene Amended item #1, 7/19/96 WCHD jrd Certificate of Death 1. Dacedant's Name (First, Middla, Last) 2. Data of Daath 3. Time of Death Day Yaar **Physician** Carlgene Calgene Month Dixon July 9 1996 Alonzo 1540 /Medicai 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Anne Arundel Shock Trauma Center Baltimore 5. Social Security Number 222-32-4619 7. Aga (In yrs. last birthday) 47 vre If Undar 1 Year If Undar 24 Hrs.
Months Days Hours Min. Birthplaca (Stata or Foraign Country) **Funeral** Days Months 1 XM 2 ☐ F Yrs. Director Delaware Usual Rasidance of Decedent with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show 7 is markad other than "natural", or items 23a or 28a-f shov traumatic event, tre Medical Exattaner mast be notified at MD. Federalsburg Director 1 ☐ Yas 2X No 10a. Straat and Number 10f. Zip Code 21632 10g. Citizan of What Country? 7051 Dion Rd. United States Funerai death 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☒ No Was Decedant of Hispanic Origin? (Specify Yas or Note Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian, Black, Whita, atc. 11. Marital Status Peges 1 and 2 should be filed within 72 hours after of neat of Health and Mental Hygiene.
Int: If itam 27 Is marked other than "natural", or itel may or other than that the manual of the Mental than the manual of the Mental than that the Mental than that the Mental than that the Mental than that the Mental than that the Mental than that the Mental than that the Mental than the Me 1 Navar Married 2 Marriad 21215-0020 1 ☐ Yas 2X No Specify: Black þ 3 ☐ Widowed 4 ☐ Divorcad Completed 16a. Decedant's Usual Occupation
(Giva kind of work done duning most of working.

lifa. DO NOT use refired) Technician
Mechanic Electrician 15. Decadant's Education (Spacify only highast grada completed) 16b. Kind of Business/Industry Electrical Elementary/Secondery (0-12) Coilege (1-4or 5+) Baltimore, Maryland 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Meidan Surnama) Rosaella Rachel Hayes Dixon Alonzo James Dixon 19b. Meiting Addrass (Straat and Number or Rurel Routa Number, City or Town, Steta, Zip Code) 7051 Dion RD., Federalsburg MD. 21632 19a. Informant's Name/Ralationship (Type, Print) Shirley Jackson Dixon 20b. Placa of Disposition (Nama of cematary, cramatory or other place)

Federalsburg Hill Cem 7-15-96 Federalsburg, MD. 20e. Mathod of Disposition Burial 2 Cramation 3 Ramoval from Stata Department of Important: If any Injury or otice. 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funaral Sarvice Licensea 22. Nama and Addrass of Fecility Young's Funeral Homes 19973 \geq . 308 N. Front St., Seaford DE larence found 23a. Part 1. Entar tha disaasa, or complications the caused tha death. Do not antar tha mode of dying, such as cardiac or respiratory arrest, shock, or haert failure. List only one ceuse in each line. Approximata Intarval Batwaan Onsat and Daath **Physician** /Medical tmmediata Causa (Final disaasa or condition rasulting in death) Intracerebral Hemorrhage 16 Hours Examiner Dua to (or es a consequance of): Examiner 4Yrs Hypertension The lew requires that the deeth certificate be executed buriel-tran Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Ceusa (Disaasa or injury thet initieted avants rasulting in daath) Last and Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, physician Physician/Medical the Dua to (or as a consequence of) Part it. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part t. 23b. Did tobacco use contribute to the cause of death? ete has been signed by page 2 should be detac 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an eutopsy performed? 1 ☐ Yas 2 No certificate 1 ☐ Yas 2 ☐ No l or Attending Physician: efter death. Director: After this certifice 25. Was cesa rafarred to medicat Be 26. Place of Deeth (Check only ona) Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yas 2 No 2 1 ₺ Inpatiant 2 □ ER/Outpatient 3 □ DOA 28a. Data of Injury (Month, Day Year) 28d. Describe how injury occurred Certification: 27. Mannar of Death 28b. Tima of 28c. tnjury at Work? 5 Pending invastigation 1 Neturat 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datarmined 3 Suicida 28f. Location (Straat and Number or Rural Routa Number, City or Town, State) 28e. Plece of Injury - At homa, farm, street, factory, office building, etc. (Specify) filled in by 4 Homicida within 24 hours a
To the Funeral C
completely filled Hospital 12 Certifying Physician: To the best of my knowledge, deeth occurred at tha time, deta and place, and due to the cause(s) end mannar as steted.

2 Medical Examinar: On the basis of axamination and/or invastigation, in my opinion, death occurred at tha time, data and place, and dua to the cause(s) and mannar steted. 29a. Certifiar Medical To the 29b. Signatura and title of certifier 29c. Licanse number 29d. Data signed (Month, Day, Year) MD050704L July 9, 1996 15 30. Nama and eddress of person who completed ceusa of deeth (ttem 23e) (Type, Print) MOORE E Baltimore Shock Trauma Center.22 S.Greene ST. 21201 LEON 31. Data filed (Month, Day, Yaar) 32. Registrar's Signatura State This Devoler Radall Registrar

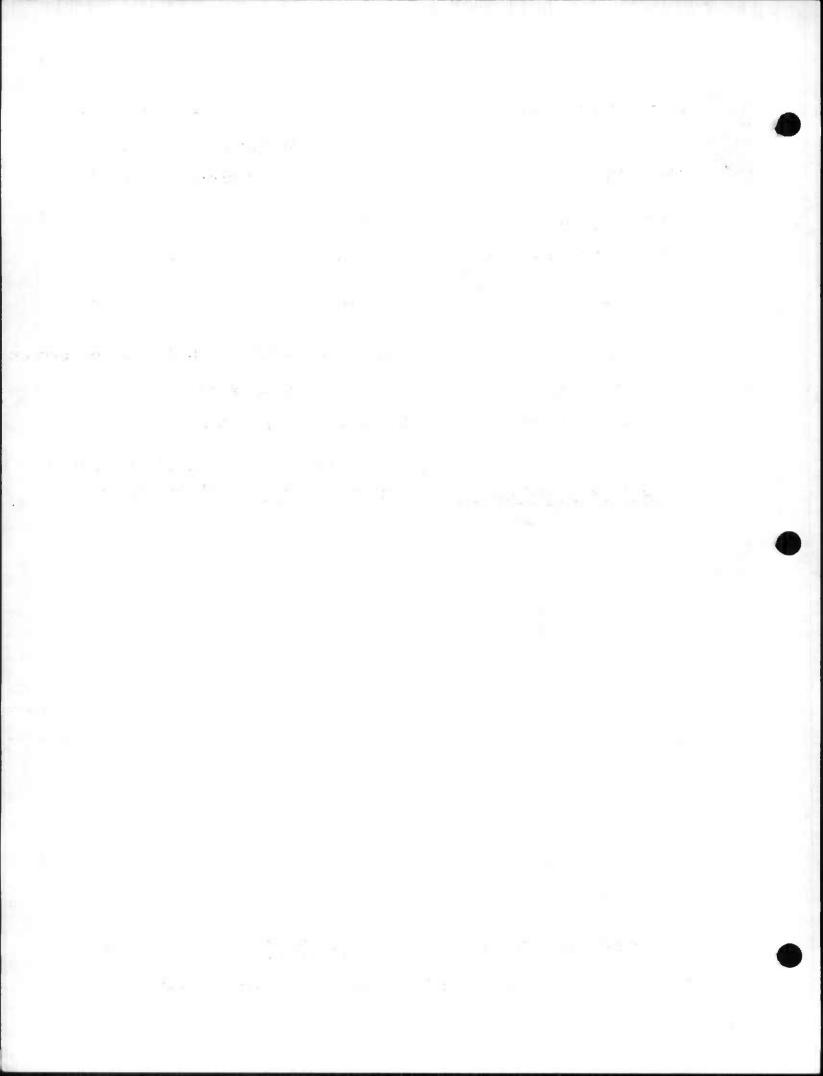
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State of Maryland / Department of Health and Mental Hygiene 96 24273

				Otate of Ivia	.,	Certific				Reg. No.	24213
п	Physici	ian	Decedent's Name (First, Middle, Last,						2. Dete of Dea	Day Yea	3. Tima of Death
	/Medi		George Cleveland E						July 1		5:37 a.m.
)	Exami	ner	4e. Fecility Name (If not institution, give					4b. City, Town, or	Location of Deeth	4c. County of De	eath
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	Funeral Director			M 2□F			ntha Daya		(Month, De		Birthplace (Stete or Foreign Country)
			Usual Residence of Decedent		_81_				September	: 11, 1914 M	laryland
	ylen Mor		10a. State 10b. County		10c. City,	Town or Location)				10d. Insida City Limita
	War Ta	to	Maryland Kent			Chest	ertow	n			1 ☐ Yas 3/5(No
	th the	Je l	10e. Street end Number			10	f. Zip Code			10g. Citizen of Whet	Country?
	th will	Funeral Director	21749 Tolchester B	each Road			216	20		U.S.A.	
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2	after of the		1 Nevar Married 2 Married	1 ☐ Yes 2 1 No	•		es 2½ No	Specify:	o i nouri, ara-j	Specify:	White
2	be filed within 72 hours after death with the Maryland tal thyglene. I dether than "natural", or items 23s or 28s-1 show event, the Madical Examiner must be incitied at	d by	3 € Widowed 4 Divorced	Yaar or Datas:						Specify.	MITTE
21213-0020	nett dice	Completed	15. Decedent's Edu (Specify only highast grad	cation e <i>completed)</i>		16a. Decedent's (Give kind of	Usuel Occup of work done	pation during most of word)	rking	16b. Kind of Busines	ss/Industry
7	the sea	E C	Elementary/Secondary (0-12)	College (1-4or 5+))			∞ ectricia:		Confinal /TI	1 0
	Hygin Hygin		17. Father's Name (First, Middle, Last)			watern	liaii/EL			Meiden Surname)	ctrical Contract
an	Mental Hygi Mental Hygi krked other atic event, t	9 Be	Russell C. Elburn						32 - 17 - 1921	moreon carramo,	
Maryland	2 should and Men is marks	2	19a. Informant's Name/Relationship (Ty	roe. Print)		19b. Mailing Add	dress (Street	Alice A		or, City or Town, State	Zin Code)
Z	end 2 ealth a n 27 is		Madeline Howell/Da					Worton,			, _ ,
baltimore,	- I = 5		20a. Method of Disposition		20b. Ple	ce of Disposition netary, cremetory	(Nema of	T	Data	20c. Location - City	or Town, State
Ē	Pages nent of int: If its iry or o		1 XBurial 2 ☐ Cremation 3 ☐ R 4 ☐ Donation 5 ☐ Other (Specify)	lamoval from Stata					1006	Deals II-11	M11
	pemit. Pag Depertment Important: If any injury o		21. Signature of Funeral Service License	00	west	ey Cellie i	a and Addre	uly 15,	1990	Rock Hall, neral Home, I	Maryland
ñ	Depermination of the policy in		1 Kin 2010	1/1/ 1	1	rello	ws, He.	Lienbein &	Newnam Fur	neral Home, 1	P.A.
	_		23a. Part f. Enter the disease, or complished, or heart fallure. List only or	ication and caused th	ne death.	Do not enter the	mode of dyi	ng, such as cardia	or respiratory er	yland 21620 rest,	Approximate
	Physician		shock, or heart fallure. List only or	ne cause on each line							Interval Between Onset and Deeth
	/Medical		Immediate Cause (Final disease or condition		OF	20					40013
	Examiner		rasulting in death)	D		es a consequence	of):				190013
	D #	je l									
	v requires that the death certificate be executed been signed by the ettending physicien and should be datached for use as the burial-transit	edical Examiner	Sequentially list conditions,	D	ue to (or a	as a consequence	of):				
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200	etten for u	Physician/N									1
5	the d	iysi	Part II. Other significant conditions con	tributing to death but	not resulti	ing in the undarly	ing causa gh	ven in Part I.			ute to the cause of death?
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necords,	The law requires thet the death cer ste has been signed by the ettendin page 2 should be datached for use	d by							24a. Wes		b. Were eutopsy findings
3	shot	Completed							perfo	rmad?	avaliable prior to completion of causa of death?
ב	he law e has age 2	шо							101	as 2 No	1 ☐ Yes 2 ☐ No
		BeC	25. Was case referred to medical					26. Place of Dec	ath (Check only o		10160 2010
>	Attending Physician: n death. sector: After this certific by the funeral director,	To E	examiner?	lospitel:	2 🗆 EF	R/Outpetlent 3[DOA OI	ner		dence 8 Other (S	pecify)
DIVISION OF	g Phys ter this neral di		27. Menner of Deeth 1 ☐ Natural 5 ☐ Pending	28a. Date of Injury (Month, Dey	Year) 2	8b. Time of Injury	28c. Inju Wo	ry et	28d. Describe h	now injury occurred	
2	uttendin death. ctor: Af y the fu	atlo	2 Accident investigation	(M		Yes 2 □ No			
Ĕ	i or Attending Ph efter death. Director: After thi d in by the funeral	Certification:	3 Suicide 6 Could not be determined	28e. Plece of Injury building, etc.	y - At hom (Specify)	e, ferm, street, fa	ctory, office		28f. Location (S City or Tox		Rurel Route Number,
ב	itai or rai Dir illed in										
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	thin 2	Med	one) 29b. Signature and title of pertifier	end mannar state	id.		29c. Licens	se number		29d. Date signed (Mo	onth Day Vear
	5 ¥ ₹ 5			aun	20		TO LICOTE	11351	}	7/12/	
			The Management of the Common o				P	PUU11		11121	76
		2	30. Name and address of person who co Dr. C. Gottfried B				Choat	antorm A	(omilond	21620	
	Sta	te	31. Date filed (Month, Dey, Year)	32. Registrer	s Signatui	re	OHESU	EL LOWII, I	mar A TSUU	21020	
	Panietr		80.00	20	4.	·					



State of Maryland / Department of Health and Mental Hygiene

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					_	Cert	ificate of	Death	-	Reg. No.	U	24214
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J	Physic /Medi		LOUIS	AUGUSTUS		EDE	LEN SR.		JULY	27 Dey	Year 996	1:45 A:M
)	Exami		4s. Fscility Neme (If not institution, give	re street end number)				4b. City, Town, or	Location of Deat	h 4c. County	of Deeth	
			PHYSICIANS MEMORIAL I	HOSPITAL				LAPLATA		CHAI	RLES	
	Funeral		5. Sociel Security Number 6. S	Sex 7. Ag ILÀM 2□F	e (In yrs. last l	oirthdey)	If U r 1 Y r Months Deys			th ov. Year)	9. Birthp	lece (State or Foreign
	Director		213-22-0440	ILIM ZUF	89	Yrs.				r 19,1906		yland
	P .		Usuel Residence of Decedent 10a. Stete 10b. County		10c. City, To	um or I oo	ation					
	sho sho	7	The same of the sa		Too. Oily, To	WIT OF LOCE	ation					0d. Inside City Limits 1 Yes 2 No
	Ne M	Director	Maryland Charles		Bryant	cown	1 20 20 20					
	death with the Meryland rms 23a or 28a-f show	급	10e. Street and Number				10f. Zip Code			10g. Citizen of V	Vhst Cour	itry?
	ath v	ra.	13280 Langley Road					517		USA		
	or de	Funeral	11. Meritel Stetus	12. Wes Decedent I Armed Forces?		13. W	es Decedent of I res, specify Cub	Hispanic Origin? (S en, Mexican, Puer	pecify Yes or No to Rican, etc.)	14. Rac Bied	e - Americ k, White,	an Indien, etc.
20	s of	by F	1 Never Merried 2 Merried	1 ☐ Yes 2 🔀	No	10	☐ Yes 2☑ No	Specify:		Specify	: m	-1
8	72 hours efter netural", or he	D	3 ☐ Widowed 4 ☐ Divorced	Yeer or Detes:							Bla	
7	n 72	Completed	15. Decedent's Education (Specify only highest gradult)	ducetion ide completed)	16	(Give ki	nt's Usuel Occu _l ind of work done O NOT use retire	during most of wo	rking	16b. Kind of Bu		dustry
12	within and than	d m	Elementery/Secondery (0-12)	College (1-4or 5	i+)			(u)		State Hi	_	
Maryland 21215-0020	filed within Hyglene. ther than "		12 17. Fether's Neme (First, Middle, Last)		F	premen	18 Mother's Ne	me (First Middle	Adminis Meiden Surnam		n
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2	should be nd Mental marked c	To	19s. Informant's Neme/Reletionship (Time Print)	10	h Mailina	Address /Ctress	Bertha		as Cibe as Town	Otata Tin	Codel
S	~ 0 0 5							t and Number or R				Code)
Ġ,	of Health Item 27		Nora Lyles Edeler 20e. Method of Disposition	ı - wile	20h Plece	of Disposit	angley Ro	and Bryant	Own, Mary	2061 2061		um State
ō	Peges nent of h int: If he ury or of		1 X Burial 2 ☐ Cremetion 3 ☐		ceme	ery, creme	story or other ple	oce)	0010	200. Location -	Oity Of 10	wii, Ototo
altimore,	pemit. Peges Department of Important: if it any injury or ones.		4 Donstlon 5 Other (Specif		St. Ma	ry's (emetery	July 31 ass of Fecility	, 1996	Bryantow	n, Mar	yland
Ba	Departm Departm Importar any Inju		21. Signeture of Funerel Service Licer	14 / 0 /	^		_	4 11	CT (C)	5 Agu	asco	Road
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			23a. Pert1. Enter the discount, or com shock, or heert feilure. List only	plications that caused one cause on each lir	l trie deeth. Do	not enter	the mode of dyl	ng, such es cardie	c or respiretory	rrest,	1	Approximete Intervel Between
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	/Medical Examiner		tmmedlete Cause (Finel diseese or condition	. *	12 SY	nic	actory	- ta	; lus	e	i	\$ 5 gran
	LAdiminei		resulting In deeth)	0.	Due to (or es	s conseque	ence of):	0			Ì	
	pa ii	ine		b							į	
	The law requires that the deeth certificate be executed ate has been signed by the attending physician and page 2 should be deteched for use as the burte-transit	Examiner	Sequentially list conditions, if any, leading to immediate	U .	Due to (or es	conseque	ence of):				1	
50,	cian	E	cause. Enter Underlying Ceuse (Diseese or Injury	C							1	
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Box	r requires that the deeth ce been signed by the attendii should be deteched for use	Physician/		·							Ī	
	e ode	slc	Pert II. Other significant conditions of	ontributing to death bu	ut not resulting	In the und	lerlying cause gi	ven in Pert i.	23b. Did	tobacco use co	ntribute to	the cause of death'
0.	d by	P.	Cla Darrie	nose	2	La	201100	7	10	Yes 20 No	3 Prol	bably 4 Unknow
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orc	equi	ted	Donne	u to a		V				an eutopsy ormed?	av	ere eutopsy findings ailable prior to
e C	hes by	ple	30.0									mpletion of cause death?
<u>~</u>	The page	Completed							10	Yes A No	10	Yes 2□ No
ta	delan: The certificate rector, pag	Be	25. Wes case referred to medical					26. Place of De	eth (Check only	one)		
Division of Vital Records,	Attanding Physician: or death. sctor: After this certific. by the funeral director.	To	exeminer? 1 ☐ Yes 2 No	Hospitel: 1 Inpatie	nt 2□ER/0	Outpatient	3□ DOA Ot	her: 4 Nursing I	fome 5 ☐ Resi	dence 8 □Oth	er (Specif	y)
0	of Ph		27. Manner of Deeth	28a. Dete of Injur (Month, De)		Time of Injury	28c. Inju Wo	ry et	28d. Describe	how injury occur	ed	- 4.19
<u>Ö</u>	l or Attending I efter death. Director: After I in by the funer	atic	1 Nsturs 5 Pending 2 Accident Investigation	1	, , , ,	n y		Yes 2□No				
<u>S</u>	er de	t l	3 Suicide 6 Could not b	28e. Plece of Inju	ry - At home,	ferm, stree	et, fectory, office		28f. Location (City or To	Street and Numb	er or Rura	I Route Number,
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	hour uner.		29e. Cartifier Certifying Ph	ysicism: To the best of	of my knowledg	ge, death o	occurred et the ti	me, dete end plece	, end due to the	cause(s) end ma	nner ss s	tated.
	To the Hospital or Attanding Physician: The Is within 24 hours efter death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	edical	one)	niner: On the basis of end menner ste	ted.	HIGYOT INVO	augenon, m my (ANUION, GESTA OCCU	med st the time,	uete and piece,	oriu ove (c	ule cause(s)
	To the most	Σ	29b. Signature and title of certifler	. 11			29c. Licens	se number		29d. Dete signe	Month,	Dey, Year)
			210	www.			D-203	210		7/27	191	

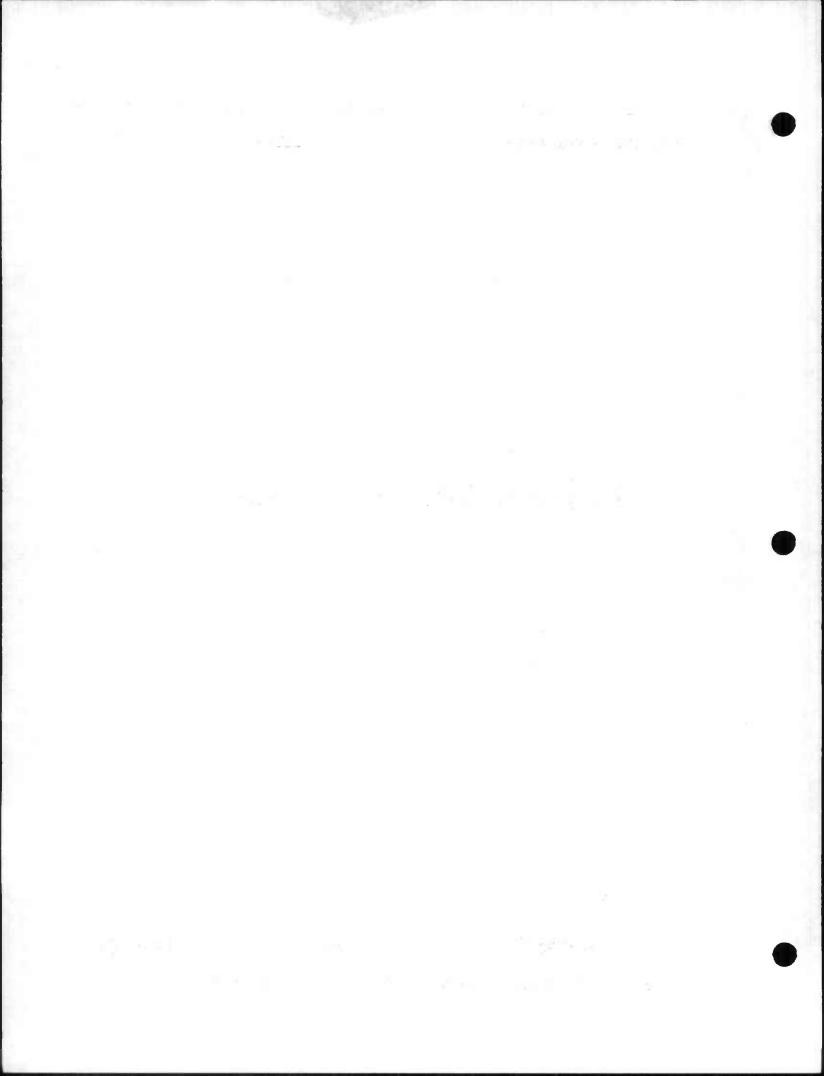
State Registrar Dete filed (Month, Day, Year)
ALIGO 6 1996

30. Name and address of person who completed cause of deeth (ttem 23e) (Type, Print)

32. Registrer's Signature

White attention Randall

SEETARAMAYYA NAGULA MD 11340 PEMBROOKE SQUARE SUTTE 202 WALDORF, MD. 20603



State of Maryland / Department of Health and Mental Hygiene Q 5

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					Cert	ificate of	Death		Reg. No.	0	24213
	L		Decedent'a Name (First, Middle, Last)		-			2. Dete of De Month	eeth	Yeer	3. Time of Death
	Physic /Medi		Dorothy Marie Fowler					Aug.	Day 1		9:20 pm
	Exami		4a. Fecility Name (If not institution, give street end number	7)			4b. City, Town, or		h 4c. County		
			Medpointe Nursing Home				E1kton		Ceci	1	
	Funeral Director		5. Social Security Number 6. Sex 1 ☐ M 2€3 F 7. // 222-18-0068 Usual Residence of Decedent	ige (In yrs. la:	st birthday) Yrs.	If Under 1 Yeel Months Days		(Month, D.	th ay, Year) 6, 1929	Coui	place (State or Foreign ntry) WATE
	land tand		10e. State 10b. County	10c. City,	Town or Loca	ation		-		1	10d. fnside City Limits
	h the Meryland r 28a-f show	ō	Delaware New Castle	Newa	rk						1 AYas 2 No
	the rott	Funeral Director	10e. Street and Number	News	IIK	10f. Zip Code			10g. Citizen of 1	Whet Coul	ntry?
	ath with	al D	49½ N. Chapel St.			1971	1		USA		
	Herns 2	ner	11. Maritai Status 12. Wes Deceder Armed Forces	t Ever in U,S.	13. W		- Hispanic Origin? (S ban, Mexican, Puer	Specify Yes or No			cen indian,
21215-0020	9 9	by	1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☐ If Yes, Give Year or Dates	[No		Yes 2 No		to rican, etc.)	Specify	ok, White, Wh:	ite
5-0	72 hours natural',	Be Completed	15. Decedent's Education (Specify only highest grade completed)		16a. Decede	nt's Uauai Occu	pation during most of wo	rkina	16b. Kind of B	usiness/In	dustry
121		Jqr.	Elementary/Secondary (0-12) College (1-40	5+)			during most of wo ed)	9			
	hod w	S	12		Factor	ry Work					Industry
Maryland	of off	Be	17. Father's Neme (First, Middle, Last)				120000000000000000000000000000000000000		, Maiden Suman	10)	
Š	J Mer	10	William Bolton	1	723 44 101 1		Haze1				
Ma	d 2 sl h an 7 ie n traur		19a. Informant'a Name/Reiatlonship (Type, Print)				t and Number or R			State, Zu	Code)
	Heall Heall m 2		Kenneth R. Fowler/ Son 20a. Method of Disposition	20b. Ple		tion (Name of	Ln., Bea	r, DE I	9/UI 20c. Location -	City or To	nwn State
Baltimore,	permit. Peges 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If item 27 is marked other than any Injury or other traumatic event, the Means.		1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from Stat 4 ☐ Donetion 5 ☐ Other (Specify)	can	netery, crema ark Cer	tory or other pla	1	Aug.	Newark		
3al	Departiment Important In Portant In In Portant In In In In In In In In In In In In In		21. Signature of Funeral Servica Licansee			Name and Addr	Jones &	Foard.	Inc		
Link	70 = 0		Pal fful	*	122	2 W. Ma:	in St., N	ewark,	Delaware	19	711
0	Physician		23a. Part1. Enter the disease, or complications that caus shock, or heart failure. List only one cause on each	ed the death. line.	Do not enter	the mode of dy	ing, such as cardia	c or respiratory a	irrest,		Approximate interval Between Onset and Death
1	/Medical Examiner	ш	Immediate Cause (Final disease or condition resulting in death)	S							2 whs.
		<u></u>			s a conseque						0
	nsit hed	듄	0	tene							duts.
60,	cate be executed physician end s the buriel-transit	al Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause: (Disease or Injury	heral	Vasa Conseque		disease	_			years
K 68760,	artificate ing phys e as the	Medical	thet Initiated events resulting in death) Last	Due to (or a	melle Melle					į	years
Box	eath ce attendii	Physician/	0.	010						-	
P.O.	the a	ysic	Part ii. Other significant conditions contributing to death		-		iven in Part f.	23b. Dfd	tobacco use co	ntributa t	o the cause of death?
	ires thet the death ce signed by the attendi d be detached for us	by Ph	Cerebero Vasculo	ve A	aide	nt		1 🗆	Yes 2□ No	3 Pro	bebly 42 Unknow
of Vital Records,	v requ	Completed							an autopsy ormed?	av	fere autopsy findings vallable prior to empletion of cause death?
E	ate h	Con						10	Yea 2010	10	□ Yes 2□ No
/ita	slan: ertific ector,	Be	25. Was case referred to medical examiner?					ath (Check only	one)		
5	5 00 0	2	1 ☐ Yes 2⊠ No Hospital: 1 ☐ fnpal		NOutpatient	3LI DOA		_	ldenca 6 □Oth		(y)
Division	Attending P or deeth.	Certification:	27. Manner of Death 1 ☑ Naturai 5 □ Pending 2 □ Accident Investigation 28a. Date of for (Month, D	ay Year) 2	8b. Time of fnjury	M 1	ork?]Yes 2□No	28d. Describe	how injury occur	red	
Divis	effer de i Directe d in by t	Sertific		njury - At hom tc. (Specify)	e, farm, stree	t, factory, office			Street and Numb wn, State)	er or Run	ai Route Number,
	To the Hospital or Attending Phywithin 24 hours effer deeth. To the Funeral Director: After this completely filled in by the funeral	edical C	29a. Certifier (Check only one) 12 Noertifying Physician: To the besis and manner s	of examination							
	To th To th comp	M	29b. Signature and title of certifier Sheelwohen S Saei	udial			3322		29d. Dete signe		
	4		30. Name and address of person who completed cause of		3a) (Type. Pr	rint)			/~	, , ,	•
	71		S.S. Sachdev, MD 118 Nort				1921				
	Sta	te	31. Date filed (Month, Day, Year) 32. Regis	rar's Signatur	0		4.6				
	Registr	ar	AUG 0 2 1996 Full S	widson-	Abrola Me						

DHMH 16 Rav 6/95

AUG 0 2 1996

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ITEMS: 23 PART I, PER DR. F'ILM G-738 8/15/96 tt

Direct

Funeral

by

Completed

Be

4 ☐ Donation 5 ☐ Other (Specify)

1 M Burial 2 □ Cremation 3 □ Removel from State

Physician /Medical

Examiner

Funeral

Director

permit. Pagas 1 and 2 should be filed within 72 hours after death with the Meryland Department of Health and Mantal Hygiene. Irroportant: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Madical Experiment must be notified at once.

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,

Plea

I, PER DR.	Plea	ase Type or								II Coples		13 (ale.	2427	6
7, 30		Otate	OI IVIC	il ylailu i				Death		nemai m	Reg. No.			⊸s This f	
1. Decedent's Nam Jenn		lle, Last) rrett						-		2. Date of D			38.	3. Tima of 7:45	
4a. Facility Name (If not institution	on, <i>gi</i> ve street end n	um <i>ber)</i>					4b. City, To	wn, or L	ocation of Dea	th 4c.	County of	of Death		
Denne	tt Rd	. Manor	, Ir	ic.				Oa	kla	nd		Gar	reti	t	
5. Sociel Security N 234-70-		6. Sex 1□ M 2√2 F	7. Age	(In yrs. iast	birthdey) Yrs.	If Under Months	1 Yee Days		24 Hrs. Min.	8. Date of B	1790	9 (9. Birthi Che	place (State or	Foreign
Usual Residence of	f Decedent													W.VA	
10a. State	10b. County	у		10c. City, T	own or Loc	cation								10d. Inside Cit	Limits
WV.	Pres	ton		Eq	1on									1 🗆 Yes	2∏ No
10e. Street end Nu	mber O. Bo	x 67	,			10f. Zip	Code	6				izen of W	hat Cou	ntry?	
11. Marital Status 1 Never Merr 3 Widowed	led 2□ Me	12. Wes De Armed F rried 1 Yes	orces? 2 2 N				dent of cify Cul	Hispanic Or ben, Mexica		ecify Yes or N Rican, etc.)	0-		, White,		
(Spec		nt's Education	0	1	6a. Deced	ent's Usua kind of wo	al Occu	pation during mos	t of work	ring	18b. K	ind of Bus	siness/In	dustry	
Elementary/Seco	ondary (0-12)	College	(1-4or 5-	+)		usev		*							
17. Father'a Name	(First, Middle	, Last)						18. Moth	er's Nam	e (First, Middi	, Maiden	Sumame	a)		
McClen	nan B	ennett		,	,			Maı	tha	Anna	Way	bri	ght		
19a. Informant's No		ship (Type, Print)	ter					t and Numb		ral Route Numi	per, City o	er Town, S	State, Zij	Code)	

Physician /Medicai **Examiner**

Examiner To the Hospital or Attending Physician: The law requires that the death certificata be associated within 6.4 hours either death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be deteched for use as the burlat-transit Physician/Medical þ Completed Be Certification: To

Immediate Cause (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last

20a. Method of Disposition

D. SCOOL BE	npo	PO Box 186, Davis WV 26260	
23a. Part T. Enter the diseese, or com shock, or heart failure. List only	plications that cause one cause on each li	d the death. Do not enter the mode of dving, such as cardiac or respiratory arrest.	Approximete interval Between Onset and Death
Immediate Cause (Final disease or condition resulting in deeth)	CHF-	CONGESTIVE HEART F'AILURE	Yrs.
Testiting in deetily	-ASHD	Due to (or as a consequence of): ARTERIOSCLEROTIC HEART DISEASE	Yrs.
Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	· DM	Due to (or as a consequence of): DIABETES MELLITUS	Yrs.
that initiated events resulting in death) Last	0.	Due to (or as a consequenca of):	
	d		1

Dete

7-06

20c. Location - Cify or Town, Stete

Eglon, WV

Part II. Other significant conditions	contributing to death but not re	sulting in the underlying c	ause given in Part I.	23b. Did tobacco use con 1 ☐ Yee 2 ☐ No	ntribute to the cause of deeth?
				24a. Wes en autopsy performed? 1 □ Yes 2 □ 1√0	24b. Were autopsy findings available prior to completion of cause of death? 1 Yes 2 No
25. Was case referred to medical examiner?			28. Place of De	ath (Check only one)	
1 ☐ Yes 2 ☐ No	Hospital: 1 inpatient 2	☐ ER/Outpetlent 3☐ DC	OA Other: Nursing H	Home 5 ☐ Residence 8 ☐ Oth	er (Specify)
27. Manner Death 1 Natural 5 Pending 2 Accident investigation		28b. Time of Injury M	8c. tnjury at Work? 1 Yes 2 No	28d. Describe how injury occur	red
3 Suicide 6 Could not 1 4 Homicide determined		nome, farm, street, factory	r, office	28f. Location (Street and Numb City or Town, State)	er or Rural Route Number,
29a. Certifier Check only one) Certifying Place Certifyin	hysician: To the best of my kniminer: On the basis of examination	owledge, death occurred ation and/or investigation,	at the time, date and piace, in my opinion, death occu	a, and due to the cause(s) and ma urred at the time, date and place,	nner as stated. and due to the cause(s)

20b. Placa of Disposition (Name of cametery, cremetory or other piace)

Accident Cemetery

22. Name end Address of Facility

Hinkle Funeral Home,

29b. Signature and title pt cent

29c. License number 29d. Date signed (Month, Day, Year) 0,5333

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)
Dr. Thomas Johnson 311 North 4th. Street Oakland, Md. 21550

State Registrar

Medical

31. Date filed (Month, Day, Year) AUG 1 5 1996

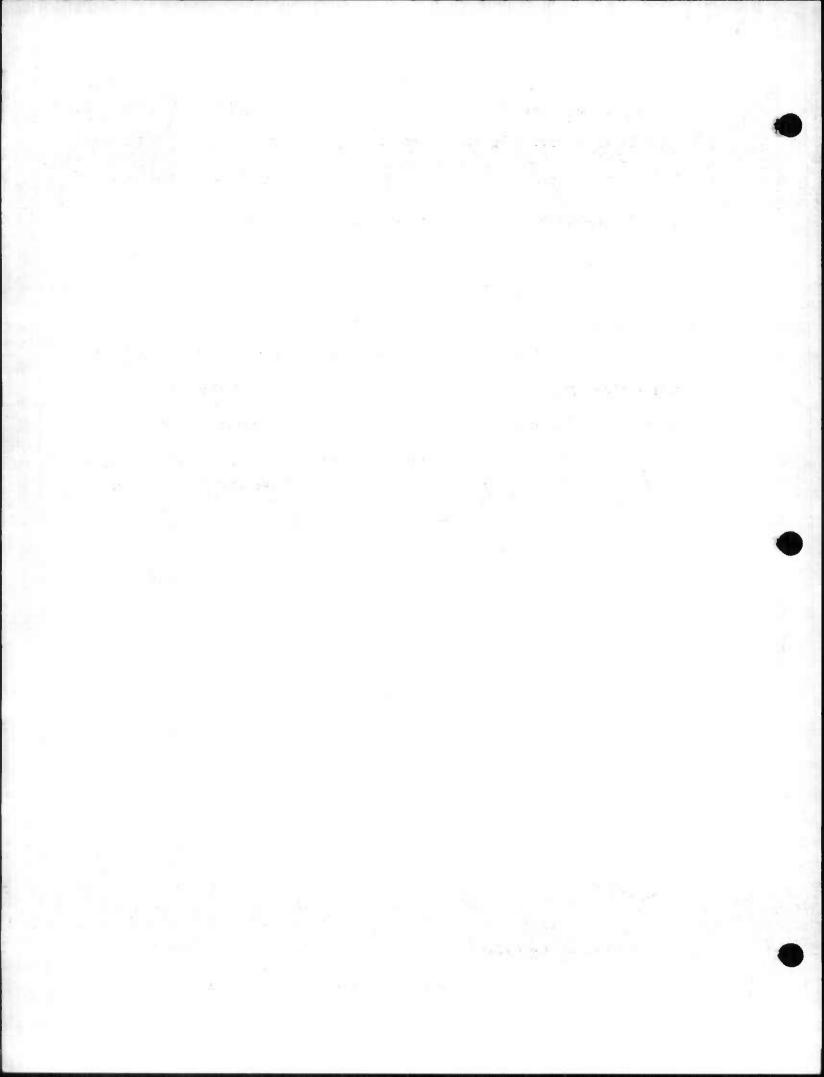


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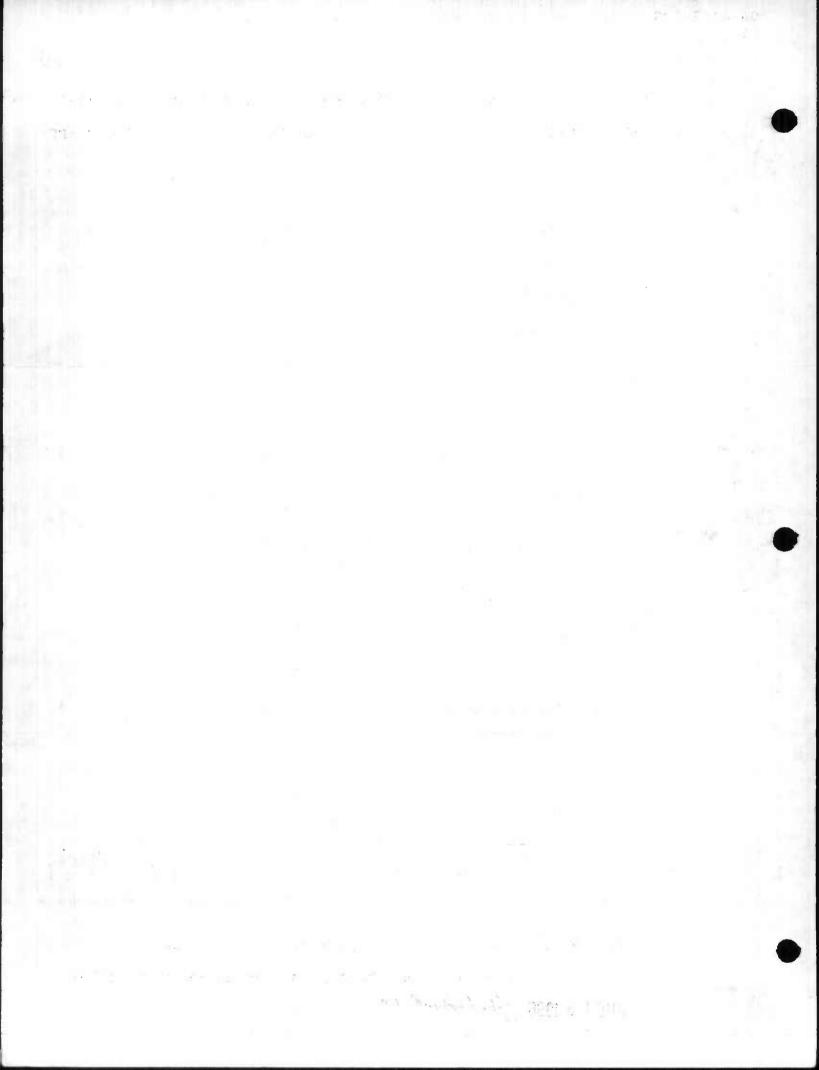
State of Maryland / Department of Health and Mental Hygiene

24277

						Ce	rtificate o	f Death			Reg. No.		has I has I
г	Physic	ion	1. Decedent's Neme (First, Midd	la, Last)						2. Dete of De Month		Yaer	3. Tima of Death
	Physic /Medi		Mary Emm	a Gemmell	<u> </u>					July	25 1	996	10:35PM
	Exami		4a. Facility Nama (If not institution	n, giva streat and n	um <i>ber)</i>			4b. City, To	wn, or Lo	cation of Deat	h 4c. County	of Death	
			Shady Grove Ad	ventist N	Vursing	g & Reha	b. Ctr.	Roo	ckvi1	.le	Mo	ntgom	nery
	Funeral		5. Social Security Number	6. Sex	7. Age (In)	yrs. last birthday)	if Undar 1 Yas		24 Hrs. Min.	8. Dete of Bi (Month, Di	rth	9. Birthp	piece (State or Fore
	Director		101-12-7382	1□M 2ÅF	3	39 Yrs.	Months Dey	s nours	IVIII1.	10 - 21	H-1906	New	piece (State or Foreitry) York
	D.		Usuel Residence of Dacedent										
	ahow ahow	30	10a. Stete 10b. County		10c.	. City, Town or Li						1	Od. Inside City Limi
	No Me	cto	Maryland Frede	rick		Ijams	sville						1 ☐ Yes 2]() N
	를 다.	Director	10e. Street end Number				10f. Zlp Coda				10g. Citizen of	Whet Cour	ntry?
	23a		2920 Greenhill	Ct.			21	754			U.S	. A.	
	n 72 hours efter deeth with the Meryland "natural", or Nema 23a or 28a-f show adical Examiner must be notified at	Funerai	11. Meritel Stetus	12. Wes De	cedant Evar I	n U,S. 13.	Wes Decedent of	Hispanic Ori	gin? (Spe	city Yas or No	o- 14. Rec	ce - Amaric	
)	or h		1 Navar Married 2 Mar	ried 1 Yas	2 No		1 ☐ Yes 2 N			mount, oto.,			
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V	filed within Hyglene. other than "	ő	9			st	perviso	r			silk sc	reeni	ng co.
Maryland 21215-0020	be filed the Hygk d other event, I	Be	17. Fether's Neme (First, Middle,	Last)				18. Mothe	er's Neme	(First, Middle	, Maiden Sumar	ne)	
10	should to and Ment marked umatic a	2	Alfred Nichol	Lson					Kati	e (unkr	nown)		
0	d 2 should be f th end Mentel F 7 is marked of trsumatic eve		19e. informent's Neme/Reletions	ship (Type, Print)		19b. Meili	ng Address (Stre	et end Numb	er or Aura	Route Numb	er, City or Town	State, Zip	Code)
	12 m		Robert A. Gemme	11/ son		2920	Greenhi.	11 Ct.	Ij	amsvil	le, MD	21754	
2	of Healt item 2		20e. Method of Disposition			b. Pieca of Dispe	osition (Name of matory or other p	lace)		Dete	20c. Location	- City or To	own, Stete
Ĭ	Page ient int: If ry or		1 XBuriai 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (S		n State	_	t Cemet		17	/29/96	Liberty	town	. MD
alumore,	permit. Peges 1 Department of H Important: If ite any injury or ot once.		21. Signature of Funeral Service	Liognsee /	1		2. Neme and Add		h				,
ă	Depa Impo any ir		N'11.	1) 2/	10	1		T - 1			Funera1	Home	
	_		23a Perti Enter the disease of	complications that	12 year	leeth Do not en	ter the mode of d		-	wn, MD	rroet	1	Approximete
			23a. Pert1. Entar tha disease, or shock, or heert feilura. List	only one cause on	each line.	ootii. Do not on	tor the mode of d	ying, sacri as	Cardiec o	r respiratory t	111031,		Intarval Between Onsat and Death
)	Physician /Medical		Immediete Cause (Finei			4 1						1	
	Examiner		disaese or condition resulting in deeth)	ө	le tas	tatic n	nalignan	t mela	noma				6 months
		a	ADDRESS OF THE PARTY OF THE PAR		Due t	o (or es e conse	quence of):					1	
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	and	xar	Sequantially ilst conditions, if any, jaading to immediate		Due t	o (or es e conse	quence of):						
00/00	certificate be executed ding physician and ise es the burla-transit		Sequantially list conditions, if any, laading to immediata cause. Enter Underlying Cause (Disease or Injury	с								i	
ò	certificate to nding physical use es the to	/Medical	that initiated events resulting in deeth) Last		Dua to	o (or es e consec	quenca of):					į	
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į	0 00	Physician	Pert II. Other algnificant condition	ons contributing to	death but not	resulting in the u	inderlying cause	given in Pert I	4	23b. Did	tobacco use co	ntribute to	the cause of deat
Ľ	that the led by the detache									10	Yss 2 No	3 Pro	bably 4 Unkno
ń	8 68	by										T	
5	v requires been sign should be	ted									an autopsy ormed?	av	era autopsy findings allable prior to
0	aw 2 s b	pie											mpletion of cause death?
	0 - 0	Completed								1 🗆	Yes 2 No	1[Yes 2□ No
טו אוומו חפכטועא,		Be	25. Wes case referred to medica	i				26. Placa	of Deeth	(Check only	one)		
>		0	axeminer? 1 ☐ Yes 2 ☐ No	Hospitei:	inpatient a	2 ☐ ER/Outpatle	nt 3 DOA	Othar: 4 XNu	ırsina Hor	ne 5□Res	idenca 6 □Ott	ner (Specif	(v)
	문 등 등	n: T	27. Menner of Deeth	28e. Dete	of injury oth, Day Year	28b. Time o					how injury occur		,,
5	Attending Ph ir death. ector: After th by the funeral	Certification:	1 Neturel 5 Pendir 2 Accident invasti	'W	an, Day Tour	r) tnjury		Yes 2	No				
DIVISION	Atte octo by th	ific	3 ☐ Suicide 6 ☐ Couid determ	lined 286. Piec	e of injury - A	t home, ferm, st	reet, factory, offic	a	2	28f. Location	(Street and Numi	ber or Run	al Route Number,
5	P aff	le l	4 El Hornidge	DUNC	ting, etc. (Sp	өспу)				Chy or 10	wn, Stete)		
	Nospital or Attand 24 hours after death Funeral Director: /		29e. Certifier 1 Certifyin	ng Physicien: To th	e best of my	knowledge, deet	h occurred et the	time, dete en	d pleca, e	and due to the	ceuse(s) end m	anner es s	tated.
	To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by	edicai	(Check only 2 Medical one)	Examiner: On the I	pasis of exam nner steted.	ninetion and/or in	vestigetion, in my	oplnion, dee	th occurre	ed et the time,	dete end plece,	and due to	the cause(s)
	within 2 To the comple	Me	29b. Signeture end title of cartifie	r			29c. Lice	nsa number			29d. Data signe	d (Month,	Day, Year)
	O		b Ch-	DILA	w		Т	33224	1		July 29	9 10	96
)			30 Name and address of service	who completed a	son of do-th- *	Itom OSol /T			<u> </u>		July 2	, 19	70
			30. Name and address of person Ram Trehan				on Dr. #	/ ₁ ∩1	Da	okvi 11.	ם אות זכ	1852	
		to	31. Dete filed (Month, Day, Year)	30	Benistrer's Si	aneture		401	KOI	CKVIII	e, MD 20	1002	
	Sta Registi		AUG 5	1996	La Dau	charker!	Щ,						
				//	r i		- 4						



DHMH 16 Rev 6/95



72 hours after Baltimore, Maryland 21215-0020 filed within 7 Hygiene. permit. Pages 1 and 2 should be file Department of Health and Mental Hy, Important, if them 27 is marked othe any injury or other traumatic event, once.

Physician

/Medical

Examiner

Director

Funeral

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Completed

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5 OHTER (Specify)

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10a State

Funeral

Director

7 is marked other than "natural", or items 23a or 28a-f show traumstic event, the Modical Examiner must be notified at

the Maryland

Physician /Medical **Examiner**

physician and the burief-transit

attending

the signed by t

peed has

certificate

Hospital or Attending Physician: 24 hours efter death. Funeral Director: After this certifical etely filled in by the funeral director,

To the Hospital or within 24 hours eff To the Funeral DI completely filled in

that the death certificate be executed

Box 68760

Records. P.O.

Division of Vital

Examiner Physician/Medical þ

Completed Be Certification: To

Medical

Data filed (Month, Day, Year)

AUG 0 5 1996

MAK PERRYVILLE, MARYLAND. 21903 Enter the offices of, or complications that caused the death. Do not antar the mode of dylng, such as cardiac or respiretory arrest, or head failure. List only one cause on each line. Immediata Causa (Final disaasa or condition rasuiting in daeth) Due to (or es e consequança of): Sequantially list conditions, if any, leading to immediata causa. Entar Undarlying Cause (Disaasa or Injury that initiated events rasulting in deeth) Last Dua to (or as a consequence of): Dua to (or as a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yss 2 ☐ No DW MIN MAY 24a. Was an autopsy performed? 1 Tas 25. Was casa rafarred to medical axaminer? 28. Placa of Deeth (Check only ona) Hospital: 1 Yas 2 No Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 2 ER/Outpatient 3 DOA 28a. Deta of Injury (Month, Day Year) 27. Meorer of Deeth 28b Time of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Panding 1 Tes 2 No investigation 2 Accident 6 ☐ Could not be datarmined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide Place of Injury - At homa, farm, street, factory, office building, atc. (Spacify) 4 Homicide Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as stated.

| Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifian 29b. Signatura and titla of cartifiar 29c. Licansa number 29d, Date signed (Month, Dey, Year)

HOPEWELL CEMETERY

10 State Registrar

32. Registrer's Sig

Name end addrass of parson who complated causa of death (Itam 23a) (Typa, Print)

20c. Location - City or Town, Stata

PORT DEPOSIT, MARYLAND

Approximate Intarval Between Onsat and Death

3 Probably 4 □ Unknown

24b. Wara sutopsy findings svallabla prior to completion of cause of death?

1 Yas

6 6

8/6/96

22. Name end Addrass of Facility
LEE A. PATTERSON & SON FUNERAL HOME

How Ah

Wave: man Butter Harrah

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 95

1970 2

						Ce	rtificate of	Death		Reg. No.			
	Division		1. Decedant's Nama (First, Middla, Last)					2. Date of De		- Veer	3. Time of Death	
	Physici /Medi		MARY BUTLER	HARRAH					JULY	30	996	1050	
Ā	Exami		4a. Fecility Neme (If not institution, giva	street end number)				4b. City, Town, or I	ocation of Death	4c. Coun	ty of Death		
			UNION HOSPITAL					ELKTON		CE	CIL		
	Funeral Director		221-14-0100	7. Age	(In yrs. 73	last birthday) Yrs.	If Undar 1 Yee Months Days		6. Data of Birt (Month, Da 12-22	h y, Year) -1922	9. Birthp Cour Dela	place (State or Foreigntry) Ware	
	pur *		Usuel Rasidance of Decedant 10a. Stata 10b. County		10c. City	y, Town or Lo	ocation					Od. Inside City Limits	
	with the Marylan a or 28a-f show Lbs notified at	5	50.5787									1 ☐ Yes 22 No	
	the M. 28a-f notifie	Director	Delaware New C 10e. Street and Number	astle	М	iddle	10f. Zip Coda			10g. Citizan o	What Cour	otn/2	
	and the state of t			Desidence :	D 3					1,500			
	THE Z	era	569 Old Summit	12. Wes Decedant Ev		S. 13.	1970 Wes Decedant of		pecify Yes or No	US.	A aca - Amaric	can Indian,	
120	tied within 72 hours after death with the Maryla Hygiane. ther than "natural", or Hems 23a or 28e-f sho int, the Medical Examiner must be notified at	by Funeral	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 ☐ Yes 2 ☑ No If Yas, Giva Yeer or Detas:)		if Yas, specify Cul 1 ☐ Yas 2 ☑ No	Hispenic Origin? (S ban, Maxican, Puart Specify:	o Rican, atc.)	BI	ack, White, ify: whi	etc.	
Maryland 21215-0020	2 hou		15. Decedant's Edu	cation		16a. Dece	dent's Usuai Occu	pation		16b. Kind of	Businass/In	dustry	
215	T un un un un un un un un un un un un un	Completed	(Specify only highast grad Elementery/Secondary (0-12)	a completed) Collega (1-4or 5+		(Giva	kind of work done DO NOT usa retir	during most of wored)	king				
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pu	20 = 0	Be C	17. Fathar's Nama (First, Middla, Last)					18. Mother's Nar	ne (First, Middle,	Maiden Suma	ima)		
/ai	유류필요	ToE	John R. Butler					Lucy Jo	hnson				
lan	SPEE		19e. Informant's Neme/Ralationship (T)	rpe, Print)		19b. Meili	ng Addrass (Stree	et and Number or Ru	ral Routa Numbe	or, City or Tow	n, Stata, Zip	Code 19709	
	and 2 daith a n 27 is ser tras		John R. Harrah					nmit Bri	dge Rd	, Midd	lleto	wn, De.	
ore	of The		20a. Mathod of Disposition ★□ Burial 2 □ Cramation 3 □ F	temovel from State	0	ematary cre	osition (Name of matory or other pl	ace)	Deta	20c. Location			
Ë	Pag ment my uny	. 24	4 Donation 5 Othar (Specify)										
Baltimore,	permit. Pages 1 and Department of Health Important: If them 27 any injury or other to grids.		21. Signature of Funeral Service Licens	to	^	D 22	ANIELS	ress of Fecility & HUTCH Broad St	ISON	1 - 4 -		40700	
	14m		23a Fant Enter the diseesa, or complete hock, or haart failura. List only or	ications that caused the	ha deeth	n. Do not an	ar tha moda of dy	ring, such as cardiac	or respiratory as	Letowr	i,De.	Approximate	
d	Physician ¹		shock, or haart failura. List only or	ne ceuse on eech lina								Interval Batween Onset and Deeth	
7	/Medical Examiner		Immediata Causa (Final disease or condition rasulting in death)	Acul	b	Re	'Nel 1	Isi luce			1	IWK	
	D #	Examiner			Ua 10 (0	r es a conse					1	lak	
	ertificate be executed ling physician and e as the burial-transit	Cam	Sequantially list conditions,	0 0	ua to (o	r as a conse	quanca of):					1.11	
90,	san s	Û.	Sequantially list conditions, if eny, leading to immediate causa. Entar Undarlying Causa (Disaasa or Injury that initiated events	Nye L	Suc	ph/1	45					1211	
68760,	physic physic s the b	Medical	that initieted events resulting in daath) Last			es a consec	uance of):				1		
×	ing e a			1									
Bo	eath c	by Physician							T				
P.O.	that the death ed by the ette detached for	ysl	Part It. Other significant conditions con		not rasi	ulting in tha u	ndarlying cause g	iven in Pert I.		1		the cause of death	
	es that igned b	y PI	DIADER M	ellits					10	Yes 21500	3 Pro	bably 4 Unknow	
rds	5 00 D		$C \vee A$						24a. Was	an autopsy	24b. W	ara autopsy findings	
00	w requir	Completed			_				oneq	rmed?	co	ailable prior to implation of causa death?	
Re	he lav e hes age 2	шс							101	(ac a) (b)		☐Yas 2☐ No	
ta			25. Was casa raferred to medical					DR Diago of Day				TAS ZUNO	
5	ysicien: The I s certificate he director, page	To Be		lospitel: 1 Inpatiant	20	EB/Outpotion	nt 3 DOA O	ther:	ome 5 Resid		thos (Canail	E-1	
o	£ 5 0	1	27. Mennar of Death	28a. Data of tnjury (Month, Day		26b. Tima o			26d. Dascribe			у)	
ion	Attanding Physician: If death. Setor: After this certific by the funeral director,	atlo	1 Natural 5 Panding 2 Accidant invastigation	(Month, Day	Year)	injury		ork?]Yas 2∐No					
Division of Vital Records,	To the Hospital or Attanding F within 24 hours after death. To the Funeral Director: After completely filled in by the funer	Certification:	3 ☐ Sulcida 6 ☐ Could not be datarmIned	28a. Place of Injury building, atc.	y - At ho (Specify	ma, farm, str	reet, factory, office	n i	28f. Location (S City or Tox		nber or Run	al Routa Number,	
	Hospital	S E	29e. Cartifiar 1 Certifying hys	ilcian: To the best of	my knov	wledga, daat	n occurred at tha t	lma, data and place	, and dua to the	cause(s) end r	nannar es s	tated.	
	Ne Ho Neteh	Medical	(Check only 2 Medical Examts one)	ner: On the basis of e and mannar state	xaminet	lon and/or in	vastigetion, In my	opinion, deeth occu	rred at tha tima,	deta and place	, and dua to	o tha cause(s)	
	withir To th	Ž	286. Signature and title of cooffier	2000			29c. Licar	ise number		29d. Dete sign	ned (Month,	Day, Year)	
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State Registrar

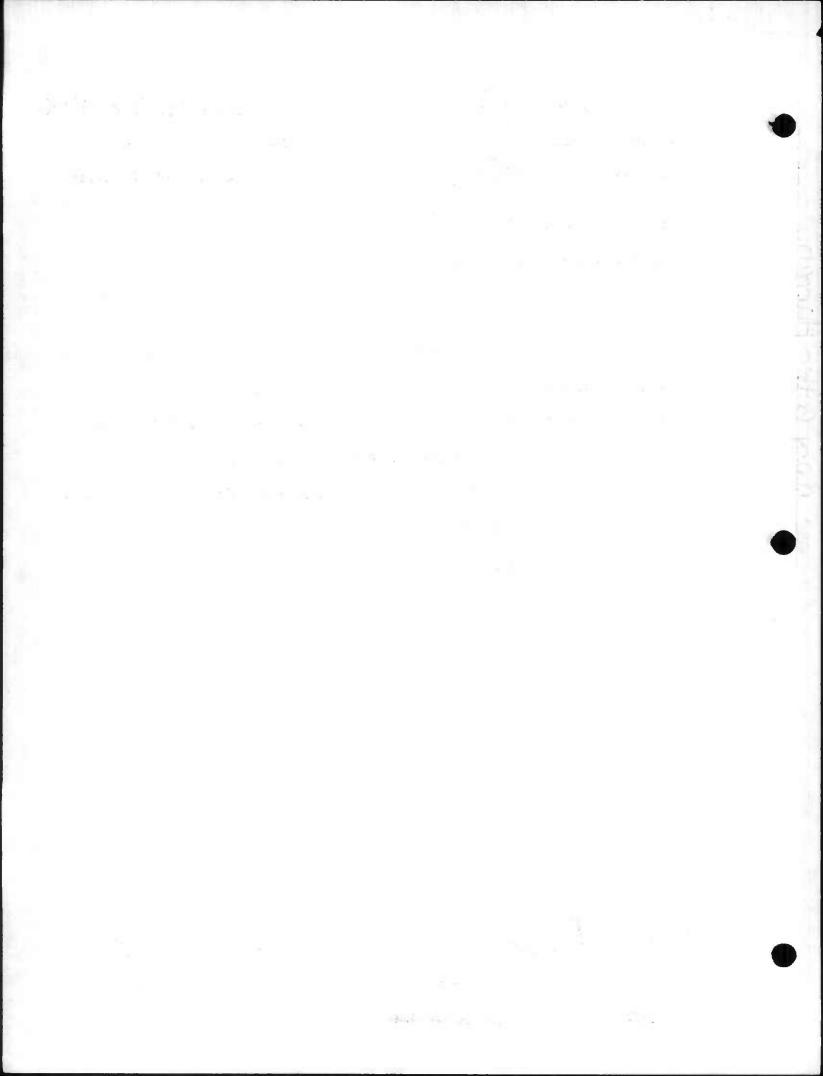
Suito 3v 0/31. Data filed (Month, Day, Year) AUG 01 1996

Julia Varidon Ander

30. Nama end eddrass of person who completed causa of daath (Itam 23a) (Type, Print) Co Los De

DHMH 16 Rev 6/95

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9.5.

				Otato of W	aryiari		ificate of	neaith and i Death		Reg. No.) 4	4201
г	Dhusia		1. Decedent's Name (First, Middle, L	ast)					2. Data of De Month	ath Day	Year	3. Time of Death
4	Physici /Medi		Geraldine Alic	e Hall						7 39	96	6.05 am
	Examir		4a. Facility Name (If not Institution, g	ive street and number)				4b. City, Town, or I	ocation of Deat	h 4c. County	of Death	
			Union Hospital	of Cecil C	ounty	7		E1kton		Ced	:11	
	Funeral		Social Sacurity Number 6.	Sex 7. Ag		last birthday)	If Undar 1 Yaar Months Days	If Under 24 Hrs. Hours Min.	8. Date of Bir (Month, Da			laca (Stata or Foreign try)
	Director		215-56-1657	1□M 2⊠F	46	Yrs.	Days			14 1949		yland
	p .		Usual Residence of Decedent		10.00	_						
	anyla		10a. State 10b. County		10c. City	y, Town or Loca	ition				11	Od. Inside City Limits
	o Me	cto	Maryland C	ecil		Nort	th East					1 ☐ Yas 2 ☒ No
	death with the Maryland ms 23a or 28a-f show I must be notified at	Funeral Director	10e. Street and Number				10f. Zlp Code			10g. Citizen of	What Coun	try?
	23a	al	2336 Turkey Poi	nt Road			2	1901		Unite	d Sta	tes
	Herns Herns	De l	11. Maritai Status	12. Was Decedent Armad Forces?	Ever in U,	S. 13. W	as Decedent of H	lispanic Orlgin? (S an, Mexican, Puert	pecify Yas or No	- 14. Rac	e - Amaric	
Maryland 21215-0020	# 6 E	by	1 Nevar Married 2 Married 3 Widowed 4 ☑ Divorced	1 Yes 2 Xi if Yes, Give Yaar or Dates:			Yes 2⊠ No	Specify:	o i noun, oto.,	Specify	20.7	ack.
2-0	n 72 hours "natural",	Completed	15. Decedent's E	Education		16a. Decede	nt's Usuai Occup	atlon	47. L	16b. Kind of B	usiness/inc	lustry
21.	C	pie	(Specify only highast gi	completed) College (1-4or 5	5.4.)	life. DC	nd of work done NOT use retired	eatlon during most of wor d)	king			
2	THE R. L. SEC.	Ю	12	Conogo (1 401)	, ,	Superv Hou	isor sekeepi:	ng Depart	ment	Commun	itv C	ollege
pu	off The	Be	17. Father's Name (First, Middle, Las	t)			•	18. Mother's Nen		, Maiden Suman	10)	
<u>la</u>	Aenti Aenti rked tic e	To	Malcomb Ford					Alice V.	Brisco	e		
an	s 1 and 2 should be filed w f Health and Mental Hygie tem 27 is marked other to other traumatic event, in		19e. Informant's Name/Relationship	(Type, Print)		19b. Mailing	Address (Street	and Number or Ru	ral Route Numb	er, City or Town,	State, Zip	Code)
	alth a		Alice V. William	ns		P. O.	Box 67.	North Ea	ast. MD	21901		
e e	of Health of Health of Health or I health or other tra		20a. Method of Disposition		20b. P	laca of Disposit			Date	20c. Location -	City or To	wn, Stata
E	Page ent o rt: #		1 ☑ Burial 2 ☐ Cremation 3 I 4 ☐ Donation 5 ☐ Other (Spec						12/06	NT 4-1. T		M1
Baltimore,	Department of Pages Important: If ite any injury or of once.		21. Signature of Funeral Sarvice Lice		MC		1 Cemete		3/3/96	North E	ast,	Maryland
_	Depa impo any i		1/10/1/1			Cr	ouch Fu	neral Hor				
H	m~		23a. Part 1. Enter the disease, or cor	rorse	l the death			Main Sti			t, MD	
100			shock, or heart fallure. List only	y one cause on each li	ne.	1. Do not enter	trie mode of dys	ig, auch as cardiad	or respiratory a	rrest,	1	Approximata Interval Between Onset and Death
	Physician /Medical		Immediate Cause (Final	C.		· C 1		nte ne	4 +	7.0		Onder and Death
1	Examiner		disease or condition rasulting in death)	a		ot a	my .	vin me	10(5)0	6.7		7 mines
		-			Due to (o	r as a conseque	ence of):				1	
	ped usit	Examiner		b							i	
	ificate be executed g physician and as the burial-transit	хаг	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceusa (Diseasa or Injury that initiated events		Due to (o	r as a conseque	enca of):					
68760,	be e ician buris	aie	cause. Enter Underlying Ceusa (Diseasa or Injury	c								
387	phys the	edicai	resulting In death) Last		Due to (or	as a conseque	nce of):				į	
	E 0 6			d								
Вох	attending for use a	ian									i	
o.	the d	Physician/M	Part II. Other eignificant conditions	contributing to death b	ut not rasu	ulting In the und	erlying cause giv	en in Pert I.	23b. Dld	tobacco uee co	ntribute to	the cause of death?
Δ,	- D =	4							11	Yee 2□ No	3 Prot	ably 4 Unknown
Records,	8 6	by								10.000.000	T 011 111	
Orc	v requires been sign should be	Completed							24a. Was	en autopsy ormed?	ava	ore autopsy findings allable prior to
ec	2 s S	Pie									of c	npletion of causa seath?
H	Page 1	5							1 🗆	Yes No	1 🗆	Yes 2□ No
of Vital	ysician: The last certificate hadirector, page	Be	25. Was case referred to medical examiner?					26. Place of Dea	ith (Check only	one)		
7	Physician: this certific ral director,	2	1 Yes 2 No	Hospital:	nt 2 🗆	ER/Outpatient	3□ DOA Oth	er: 4 Nursing H	ome 5 Resi	dence 6 □Oth	er (Specify)
	neral		27. Manner of Death 1 XNatural 5 ☐ Pending	28a. Data of Inju (Month, Da		28b. Tima of Injury	28c. Injur Wor	y at k?	28d. Describe	how Injury occur	red	
Sio	Attending r death. ector: Afte by the fune	atic	Z Accident Investigation	on				Yes 2 □ No				
Division	or Attending after death. Director: After	Certification:	3 Suicide 6 Could not				t, factory, offica		28f. Location (City or To	Street and Numl	per or Rura	Routa Number,
	s aft s aft s aft ed in	S	/	outland, ou	o. (Opoon)	/			0.1, 0.1.10	, 0.010/		
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director. After th. completely filled in by the funeral	edicai	29a. Certifler (Check only one) Certifying P	hyelclan: To the best of miner: On the basis of and manner sta	examinet	vledge, death o ion end/or Inve	ccurred at the tin stigetion, in my o	ne, date and place pinion, death occu	, and due to the rred et the time,	cause(s) and mi date and piace,	annar as st end due to	ated. the cause(s)
	o th o th	29b. Signature and title of certifier 29c. Licensa number 29d. Data signed (Month, Day					Day, Year)					
	P 5 P 0		Imi rex	Han M.	0		Dnu	6823		7/20	19	6
		-						023		1/2	111	€ C
	10		30. Name and address of person who	•	•				01001	110		
			Jui-Chih Hsu, M. 31. Data filed (Month, Day, Year)	D. 223 W 32. Registra			reet, El	Lkton, MD	21921	410-398	3-778	2
	Sta Registr		AUG 0 1 1996	Julie Davido	ar-As	ephalike						

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State of Maryland / Department of Health and Mental Hygiene 96 24282

						Ce	ertificate	of De	eath		Reg. No.		
	Dhuala		1. Decedent's Neme (First, Middla, La	ist)		7.5				2. Dete of De Month		Year	3. Time of Death
	Physic /Medi		Anna Mae Hitche	ens						Ju1y		1996	12:50 P.M
7	Exami		4a. Fecility Nema (If not institution, give	e street and nu	mber)			4b. C	Cify, Town, or L	ocation of Dear	th 4c. Count	y of Deeth	
			Waterview Healt	thcare (Center				Salisb		W:	Lcomi	co
	Funeral		The state of the s	Sax I□M 21X0F	7. Aga (In yrs.	.,	If Under 1 \ Months D		Undar 24 Hrs. lours Min.	8. Dete of Bi (Month, D	rth ay, Year)	9. Birthp	plece (Stete or Foreign
	Director		221-18-1385	1 C W 2 M	7	1 Yrs.				March 5	, 1925		ryland
pue	ž	1	Usuei Residence of Decedent 10a, State 10b, County		10c. C	ty, Town or I	ocation					1	10d. Inside City Limits
Mary	6 8	0	Dolesses Consess		7 -	1							1 ☐ Yes 2 No
the state of	28	Director	Delaware Sussex		La	urel	10f. Zip Co	de			10g. Citizen of	What Cour	ntry?
with	8 2		Rt.# 3 Box 217 I	7			199				U.S.A.		M. y.
death	2 E	Funeral	11. Marital Status	12. Wes Dec	edent Ever in L	J,S. 13	. Was Decedant if Yas, specify		nlc Origin? (Sp	pecify Yas or N	o- 14. Re	ce - Amaric	can Indian,
Oatle	E SE		1 Nevar Married 2 Married	Armed Fo	2 2 No					Rican, etc.)	Bla	ck, White,	atc.
Maryland 21215-0020 Id 2 should be filed within 72 hours after death with the Manyland	I Health and Mentel Hygiene. Item 27 is marked other than "natural", or items 23s or 28s-f show then 27 is marked other than "natural". Other traumstic event, the Medical Examiner must be notified at	by	3 X Widowed 4 □ Divorced	If Yes, Gir Yaar or D			1 ☐ Yes 2 🖸	.No S	pecify:		Specia	y: W	hite
5-0 72 hg	To all	Completed	15. Decedent's E (Specify only highest gro	ducation		18a. Dec	edent's Usuel O	ccupation	n most of wad	kina	16b. Kind of B	usiness/in	dustry
21 E	. G .	npie	Elementary/Secondary (0-12)	College (1-4or 5+)	life.	e kind of work a DO NOT use r	etired)	ig most or wor	NI Y			
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Sur sa	A off	Be	17. Fether's Neme (First, Middle, Last)							e, Meidan Sumai		
S ploot	and Mentel I marked of numatic eve	10	Charles Travis			T					k Warbu		
Ma d2st	h and 7 is n traur		19e. Informant's Neme/Relationship (Type, Print)							ber, City or Town		· ·
o ,	of Health Item 27 i		Douglas Hitchens 20e. Method of Disposition		20h		#3 Bo		7 E	Laurel	DE.		
	I H		1 Burlel 2 Cramation 3 □		Stete	cematary, cri	ematory or othe	r pleca)					
altimore, mit. Pages 1 ar	ritine right		4 ☐ Donetion 5 ☐ Other (Special 21. Signeture of Funerel Sarvice Licer		<u> </u>		ille Cer			-27-96	Portsv	ille,	Delaware
B B	Department of important: If I any injury or once.		21. Signeture of Puriete Sarvice Licer	1500	1	-				ne, Inc			
			William M.	SANI			700 We	st S	treet	Laurel	DE.	19956	
			23a. Pert1. Enter the diseese, or com shock, or heart feilure. List only	ona cause on e	eaused the dea ech line.	th. Do not e	nter the mode of	dying, si	uch as cerdiac	or respiretory	errest,	i	Approximete Interval Between Onset and Death
	iysic i an Medical		Immedieta Ceuse (Finei		20		1	0					
	kaminer		disaesa or condition resulting in deeth)	e. 100			- 0	Via	ela				year
	PE	ē		D	Due to (or as a conse	equence of):						9407
petric	ansit	Examiner	Sequentially list conditions	b	Due to (or es e conse	equence of):						gum.
Ö,	physician and as the buriel-transit	Ä	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying		, , , , , , , , , , , , , , , , , , , ,		4-131						
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X 68/60, ertificate be executed	0 8 G	Med	and the composition	d								!	
0	ettending for use as			u			-					i	
that the death	signed by the ette d be deteched for	Physician	Pert ii. Other significant conditions of	ontributing to de	eath but not ras	ulting in the	underlying caus	e given ir	Part I.	23b. Did	tobacco usa co	ontribute to	o the cause of death?
J. par	dete by									1□	Yss 2 No	3 Pro	bably 4 Unknow
S CO	ngis i	d by								24a Was	s an autopsy	24b. W	are autopsy findings
	been si should	Completed								perf	ormed?	av co	vailable prior to empletion of cause
The law	page 2	m.									u .edu		deeth?
	certificate rector, pag		25. Wes case referred to medical						Diameter of Daniel		Yas 2₩No	11	☐ Yes 2☐ No
- 40		o Be	examiner?	Hospitel:	inpatient 2	ER/Outpatie	ent 3 DOA	Other		th (Check only	one) idenca 8 □Otl	nor (Specif	6.0
	5 75	n: T	27. Menner of Deeth	28e. Dete		28b. Time		Injury at Work?	7 ESTAUTSHIP TH		how injury occu		77
VISION	eth. r: After ne funer	atlo	1 Neturel 5 Pending 2 Accident Investigation		in, Day 19ar)	Injury	М		2 □ No				
OIVISION or Attending	sefter deeth. I Director: Af d in by the fu	Certification:	3 Sulcide 8 Could not b	286. Piece	of Injury - At h		treet, fectory, of	fice		28f. Location	(Street end Num	ber or Rura	al Routa Number,
5 8	within 24 hours after deet To the Funeral Director: completely filled in by the			5476	ng, oto. (Opoon	,,					, 0.0.0,		
deo	Luner Funer ely fil	edical	29a. Certifier 1☐ Certifying Ph (Check only 2☐ Madical Exam	ysician: To the	best of my kno	wledge, dee	th occurred et th	ne time, d	late end piece, on, deeth occur	and due to the	cause(s) and m	enner as s	itated.
- £	the fundament	Med	One)	and mani	nar stated.								
2	7 vit		29b. Signature end title of certifier	1/	0		29c. Li	canse nu	mber		29d. Dete signe	od (Month,	Dey, Year)
			1///	MI			0)	2/	147		924	16	
	(6)		30. Name and address of person who	completed caus	a of deeth (Iter	n 23a) (Type	, Print)		. /	0	(/		0.10-
			Dr. William R 31. Dete filed (Month, Dey, Year)	obins	anistrar's Sinn	t Itec	ilthwa	YL	Drive	Dalis	bury,	MO	91801
	Sta Registr		1111 - 0	1000	(1): As.	clear Ro	rdall						21801
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State of Maryland / Department of Health and Mental Hygiene 96 24283

						Ce	rtificate of	Death			Reg. No.		4 1 2 0 0	
T			1. Decadant's Nama (First, Middla, I	ast)						2. Data of De		MAGEN	3. Tima of Death	
Physician /Medical			George Presto	n Jacol	os					July	24, 19	996	9:06 a.m	
	/Medi Examii		4a. Facility Nama (If not institution, g					4b. City, To		cation of Deat		nty of Death		
	Exami	101	Kent & Queen	Annes I	Hospit	a1		Che	ate	rtown	L	Kent		
	Funeral			Sax	7. Aga (In yrs.		If Undar 1 Yaar			8. Data of Bir (Month, Da		-	piaca (Stata or Foreign	
н	Director		214-16-4697	1⊠M 2□F	74	Yrs.	Months Days	Hours	Min.	(Month, Da	1 022		piaca (Stata or Foreign intry)	
			Usual Rasidance of Decedant						l l	May 15,	1922	Mary	yland	
	/land		10a. Stata 10b. County		10c. Cit	y, Town or Lo	ocation						10d. insida City Limits	
	Many Hard	ō	Maryland Ken	r		Rock	Hall						1X Yas 2 □ No	
	128 a	Director	10e. Street and Number			110 010	10f. Zip Coda				10g. Citizen o	of What Cou	intry?	
	with o		21195 Chesapeak	ATTORNIO			21661				U.S.		and y .	
	m 23	era			edant Evar in U	C 12			lain? (Can	aif. Van au Na			inan Indian	
	n 72 hours efter death with the Maryland *naturel; or itema 23a or 28a-f show solicel Examiner must be notified at	Funeral	11. Marital Status	Armed Fo	orcas?		Was Decedant of If Yas, specify Cub	an, Maxice	n, Puarto I	Rican, atc.)		laca - Amari lack, Whita,		
20	s of	by F	1 ☐ Navar Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	If Yas, Gi	va TATATT		1 □ Yas 2 1 No	Specify:			Spec	cify: Whit	to	
8	hour land			Yaar or D	etas:									
5	I within 72 ho iene. r than "natu	Completed	15. Decedent's (Specify only highast g	rada complated)		(Giva	dant's Usual Occu	during mos	t of working	ng	16b. Kind of	Businass/ir	idustry	
12	within ene. then	E D	Eiamantary/Secondary (0-12)	Collega (1-4or 5+)		DO NOT usa retire					-		
2			8	- 41)	Cacht Cap	•		(m)			sportation	
Ĕ	0 = 0	Be	17. Fathar's Nama (First, Middla, Las								, Maidan Sumi	ama)		
×	should be find Mental I	2	G. Maxwell Jaco	bs				Mar	y Cat	cherine	nerine Smith			
Maryland 21215-0020	O1 0 0 2		19a. Informant's Name/Ralationship				b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Cod						p Code)	
2	s 1 and 3 of Heelth Item 27 i		Eva E. Jacobs/W	ite			Box 117		k Hal	ll, Mar	yland :	21661		
Baltimore,	of Heels item 2 r other		20a. Mathod of Disposition		20b. F	Place of Dispo	osition (Nama of matory or othar pla	ice)		Data	20c. Location	n - City or T	own, Stata	
	permit. Pages I Department of I Important: If its any injury or ot once.		1 ☐ Burial 2 ☐ €ramation 3 4 ☐ Donation 5 ☐ Other (Spec		Stata		ce Cremat		enter	·/.July	27 19	86 801116	e, Maryland	
	orta orta		21. Signature of Funeral Service Lio	ensee /	-									
ä	Depa Impo any i		1 Kill OK	8/10	. a.		Nama and Addr.						•	
	_	_	23a. Part1. Enter the disease, or co	mplications that	ougad the deet		O Speer Ro					620	Anneadmata	
			shock, or haart failura. List on	y ona causa on a	ach lina.	ii. Do not an	tar tria moda or dy	ing, such as	Cerdiac O	i raspiratory a	irest,		Approximata Interval Between Onsat and Daath	
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	entificate be executed Jing physician and se es the buriel-trensit	carr	Sequentially list conditions, if any, laading to immadiata	J	Dua to (c	r as a conse	quance of):					1		
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Vital	Physicien: The this certificate rel director, pag	Be	25. Was cesa rafarred to medicel axaminar?	Hamitali			/		of Death	(Check only	ona)	,		
o	S 50	2	1 Yas 2 No	Hospital:	npatiant 2	ER/Outpatier	I 3L DOA				danca 6 □C		lfy)	
		Certification:	27. Manner of Daath 1 ☑Natural 5 ☐ Panding	28a. Data (Mon	of injury th, Day Year)	28b. Tima o Injury	f 28c. Inju	iry at ork?	2	8d. Dascribe	how injury occ	urred		
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	ed in De	Cel				, ,			į	•				
	hou uner uner	cal	29a. Cartifier 1 Certifying F	hysician: To tha	best of my kno	wiedga, daati	occurred at tha ti	ma, data an	d place, a	nd dua to tha	causa(s) and	mannar as s	stated.	
	To the Hospital or Attent within 24 hours after deat To the Funeral Director: completely filled in by the	edical	one) 2 Medical Exa	and man	asis of axamina nar stated.	uon and/or in	vastigation, in my	Jon, Gaa	un occurre	o at tha tima,	oata and place	e, and dua t	o ma cause(s)	
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) (Justial	116			1/23	8869	ì		7/24/96			
			30. Nama and address of person who	complated caus	a of death (Item	1 23a) (Type			•					
	15+	-1	John C. ARKAIS			948	WARLIN	ichm	Avs	Clie	Lester	vr-	Md 2142	
	Sta	te	31. Data filed (Month, Day, Year)			ture	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7	187					
	Registr	- 1	JUL 25 '96	Julia	egistrar's Signa	gandell								
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				State of	Marylar		artment of F rtificate of		Mental H	ygiene 9 (Reg. No.	5 24281	4		
	Physici	an	1. Decedent's Name (First, Midd	le, Last)					Year 3. Time of D					
	/Medi		Lawrence		Jor	nes		August 3, 1996 12:04 p.						
7	Examir	er	4a. Facility Nama (If not institutio					4b. City, Town, o						
-	Funeval		Frederick Men 5. Social Security Number			last birthday		Frederic			erick	Foreign		
	Funeral Director		183 - 10 - 2736	40334 4005	76	Yrs.	Months Days	Hours Mi		27, 1920	9. Birthplace (State or F Country) Pennsylva:			
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	r 28a-f show	2	Parameter Committee of the Committee of		10c. Cr	ly, Town or L					10d. Insida City			
	28e-f	Director	Maryland Fred	erick		Frec	lerick 10f. Zip Code			10g. Citizan of N				
	death with the Maryland ms 23s or 28s-f show	i Di	906 Jubal	Way				1701		U.S.A.	416			
		Funerai	11. Marital Status	12. Was Deced	lant Ever in U	l,S. 13.	Was Decedent of I If Yes, specify Cub		Specity Yes or N		e - American Indian,			
Maryland 21215-0020	g 9 E	by	1 ☐ Nevar Married 2 ☐ Married 3 ☐ Widowed 4 🛣 Divorced	W Man Chin	2 □ No		if Yes, specify Cub 1 □ Yas 2 ☒ No	sn, maxicen, Pue	irto Hican, etc.)		ck, White, atc.			
5-0	n 72 hours "natural",	eted	15. Deceden (Specify only highe	t's Education st grade completed)	(Give	dent's Usual Occup	duning most of w	orkina	18b. Kind of Bu	usiness/Industry				
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lan	fental fental ked c	To Be	17. Fadia S Name (First, Micure, Last)							ones				
ary	should be man	-	19a. Informant's Neme/Relations	hip (Type, Print)		19b. Maili	ng Address (Street		-	Rural Routa Number, City or Town, State, Zip Code)				
	and a saith n 27 in		Jill Jones	- Sister			8 Creshei		Philia.	, Pa. 19	119			
Baltimore,	f of Ha		20a. Mathod of Disposition 1 ☑ Buriai 2 ☐ Cremation	3 DRameval from S	20b. F	Place of Disponentery, cra	osition (Name of matory or other pla	ce)	Date	20c. Location -	City or Town, Stata			
ti m	tment tant:		4 Donasión 5 Dosber75	pecify)		-	ter Cemet		8/10/96 Bala Cynwyd, Pa.					
Bal	permit. Pages 1 and 2 should be Department of Health and Menta Important: If item 27 is marked any injury or other traumatic as once.		21. Signature of Funeral/Service	Comment	w,	L	2. Name and Addre ee A. Pat erryville	terson (me			
~			23a. Partl. Enter the o'sease, or shock, or heart faidre. List	complications that car only one cause on ea	used the deat	h. Do not en	ter tha mode of dyir	ng, such as cardi	ac or respiratory	arrest,	Approximate Interval Betwe	en		
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Medical Immediate Ceuse (Final disaasa or condition resulting in death) PROSTATE CANCER														
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	outed Id ransit	dical Examiner	Sequentially list conditions	C b. ANE		or as a conse	quence of):				1			
0,	e axe ian ar urial-t	Ë	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	ACID	0515		,							
8760,	cate be axecuted bhysician and tha burial-transit	dica	that initiated avents resulting in death) Last	r as a consec	juence of):									
9	certific nding p	Me		SEP.	515									
Box	death c	clan												
P.O.	requires that the death certific ween signed by the attending p hould be datached for use as	/ Physician/Me	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in P					en in Part I.		tobacco use co	atribute to the cause of o			
Records,	n sign	ed by								s an autopsy	24b. Were eutopsy find	dings		
00	LJ 60	ojete							per	formed?	available prior to completion of cau of death?	JS8		
	0 5 5	Completed							10	Yes 2 No	1□Yes 2□No	io		
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of V	Physician: this cartific ral director,	L 2	1 ☐ Yes 2 No	Hospital: 1X Inp		ER/Outpatle		4 LI Nursing	Home 5□Res	sidenca 8 🗆 Oth	er (Specify)			
no Ou	Ing P	on:	27. Manner of Death 1 Netural 5 □ Pendin		Injury Day Year)	28b. Tima o injury	Wor		28d. Describe	how injury occur	ed			
isic	Attending ir death. ector: Affai by the fune	icat	2 Accident investig	not be	flaire. At b	omo form et		Yes 2□No	29f Location	(Street and Alumb	or or Russi Bouto Number	0.5		
Division	ital or A urs aftar ral Directilled in by	Certification:	4 ☐ Homicide determ				reet, factory, office				n,			
	To the Hospital or Attending Physician: within 24 hours siter death. To the Funeral Director: After this cartific completaly filled in by the funeral director.	edical	29a. Certifier (Check only one) Certifyin 2 Medical	g Physician: To the b Examiner: On the bas and manne	is of examina	wledge, deat tion and/or In	n occurred at the tir vestigation, in my o	urred at the time, dete and place, and due to pation, in my opinion, death occurred at the tire			nner as stated. and dua to the cause(s)			
29b. Signature and title of cartifier							29c. Licans			, 7	d (Month, Day, Year)			
Send flammon MD D25151									8/4/96					
1/	0+1VA			who completed cause		_	Print)							
44	Sta		31. Dete filed (Month, Day, Year)		plstrar's Signa									
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State of Maryland / Department of Health and Mental Hygiene

Maryland

Black

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Birthplece (State or Foreign Country)

Od. inside City Limits 1 Yes 2 No

Approximete Interval Between Onset end Deeth

Years

24b. Were autopsy findings available prior to

completion of cause of death?

1 ☐ Yes 2 ☐ No

3. Time of Death

5:30pm

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** July 24,1996 William D. Jenifer /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner LaPlata If Under 24 Hrs. 1001 Washington Avenue Charles 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number If Under 1 Year 7. Age (In yrs. lest birthday) **Funeral** 1 ØM 2 □ F Days Hours Yrs. Director 72 219-16-1846 April 13, 1924 Usual Residence of Deceden death with the Meryland 10a. Stete 10b. County 10c. City, Town or Location permit. Pages 1 and 2 should be filed within 72 hours efter death with the Merylan Department of Heelth and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examinat must be notified at Director Maryland Charles **LaPlata** 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Funeral 1001 Washington Avenue 20646 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Raca - American Indien, Bleck, White, etc. 1 ☐ Yes 2 No If Yes, Give Year or Detes: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Specify: þλ 3 ☐ Widowed 4 ☐ Divorced Completed Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 Self Employed Farmer 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be 2 David M. Jenifer Theresa Toye 19a. Informent's Neme/Reletionship (Type, Pnnt) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Anna Mae Toye - Daughter 13612 Tower Road Brandywine, Maryland 20613 20b. Pleca of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, State 20e. Method of Disposition Date 1 D Burial 2 □ Cremetion 3 □ Removal from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Mary's Cemetery July 29, 1996 Bryantown, Maryland of Funeral Service Licensee 22. Name end Address of Facility Adams Funeral Home Aquasco, Maryland 20608 Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiretory arrest, shock, or have feiture. List only one cause on each line. Physician /Medical Athenoselerotic Cardiovascular Disease Immediate Cause (Final disease or condition resulting in deeth) Examiner Due to (or es a consequence of): Examiner the burial-transit Sequentielly list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest and Due to (or es e consequence of): ettending physician for use as the buria Due to (or es e consequence of) use as

Box 68760. The law requires that the death certificate be P.O. I Records, Division of Vital To the Hospital or Attanding Physician: within 24 hours efter death.

To the Funeral Director: After this cartification of the funeral director; the funeral director; the funeral director; the funeral director; the funeral director; the funeral director; the funeral director; the funeral director; the funeral director; the funeral director; the funeral director; the funeral director; the funeral director; the funeral director; the funeral director is the funeral director.

Physician/Medical þ Completed Be 7 Certification:

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certificate

Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 25. Was case referred to medicel

signed by the e page 2

Medical

27. Menner of Deeth 1 Neturel 2 Accident 3 Suicide 4 Homicide

> (Check only onel

29b. Signature and tible of certifier

29a. Certifier

1 √es 2 No

5 Pending Investigation 6 Could not be determined

28e. Dete of Injury (Month, Dey Year)

28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify)

28b. Time of

Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

Other: 4 Nursing Home 5 Hesidence 6 Other (Specify) 28c. Injury at Work? 28d. Describe how Injury occurred 1 ☐ Yes 2 ☐ No

26. Plece of Deeth (Check only one)

28f. Location (Street end Number or Rural Route Number, City or Town, State) 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date end piece, end due to the cause(s) end manner as steted.
2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) end manner stated.

24e. Was en autopsy performed?

1 ☐ Yes 2 ☐ No

29c. License number D-46419

29d, Dete signed (Month, Day, Year)

23b. Did tobacco use contribute to the cause of deeth? 1 ☐ Yes 2 ☐ No 3 ☐ Probebly 4 ☑ Unknown

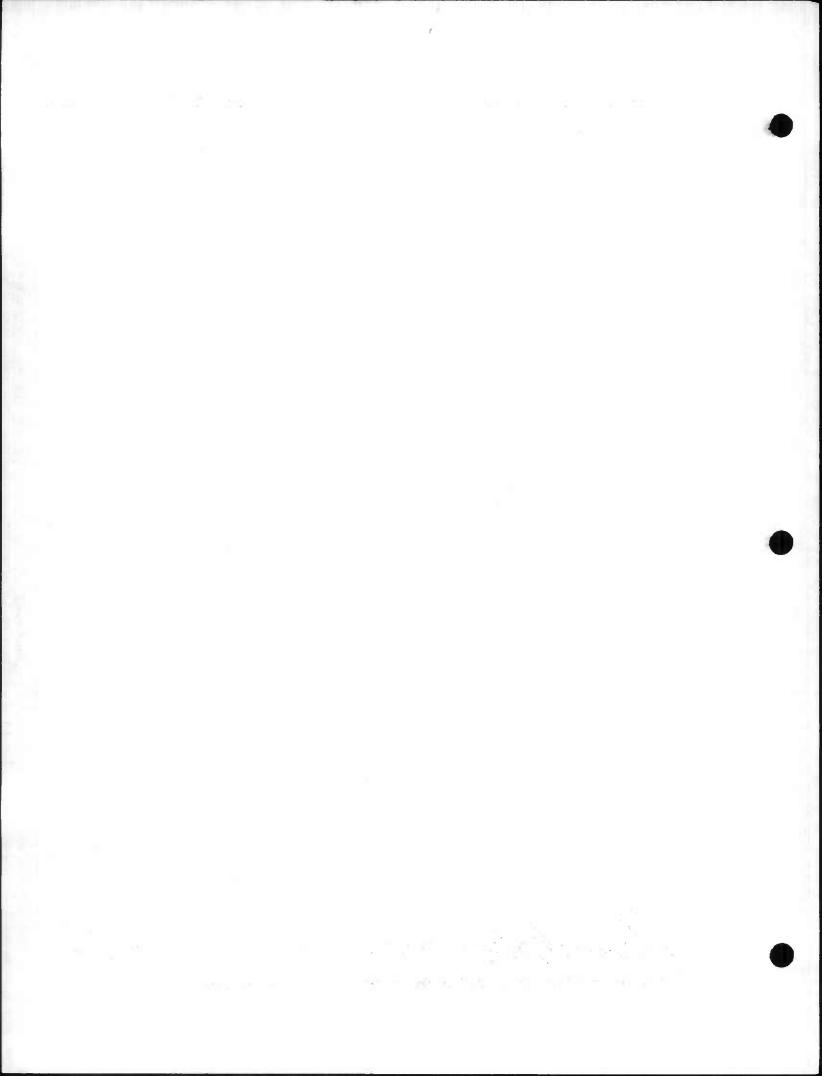
30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

Charlene Letchford, MD 700 Old Line Center, Suite 100, Waldorf, MD 20602 31. Dete filed (Month, Dey, Year)

State Registrar

AUG 0 6 1996

32. Registrer's Signature alia Davidson Reveall



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					State of I	Maryl					Health and Death	Mental H		96	24286
		7	1. Decedent's Name (First, Mide	dle, Las	<i>it)</i>				imoai	001	Death	2. Dete of I	Reg. No. Death		3. Time of Death
	Physic /Medi		Mary		N.		Kir	by				Augu	st 4,1	996	4:15 p
	Exami		4e. Facility Name (If not institution	on, give	street and number	er) 1	9310	C1	uhh	011	4b. City, Town, or			unty of Dea	
1			Sunrise Vil	.lag	ge Hous	e		se	_		Gaithe	ersburg	n Mo	ntgo	merv
	Funeral Director		5. Social Security Number 228–10–2701	6. Se	ex 7. □ M 2 X F	yrs. last birt	rs. last birthday) If Under 1 Yes					Sirth Day, Year) 15,1919		hplace (State or Foreign punty) ginia	
	p .		Usual Residence of Decedent 10a. State 10b. Count			40-	014 - 7								
	e Maryta Sa-f shov	ctor		qui	er	100	Warre								10d. Inside City Limits 1 X Yes 2 □ No
Maryland 21215-0020	th with th	al Director	10e. Street and Number 139 Lee Str	eet					10f. Zip	Code	20186		10g. Citizen	of What Co	
	ges 1 and 2 should be filed within 72 hours after death with the Marylan to f Health and Mental Hygiene. If them 27 is marked other than "natural", or Nems 23a or 28a-f show or other traumatic event, the Medical Examples is an be notified at	by Funeral	11. Marilal Status 1 □ Never Merried 2 □ Ma 3 □ Widowed 4 □ Divorce		12. Wes Decede Armed Force 1 Yes 2[If Yes, Give Year or Date:	n U,S.	U,S. 13. Was Decedent of Hispenic Orly If Yes, specify Cuben, Mexican 1 \(\subseteq \) Yes \(2\subseteq \) No \(Specify: \)				? (Specify Yes or No- ruerto Rican, etc.)		14. Raca - American Indien, Black, White, etc. Specify: white		
	72 ho	ted	15. Decede (Specify only high	nt's Edu	ucation		16a.	Deced	ent's Usua	al Occup	pation	nekina	16b. Kind	of Business/	Industry
	filed within Hygiene. ther than "	Completed	Elementary/Secondary (0-12)	asi grea	College (1-4c	or 5+)		(Give kind of work done during most of workii life. DO NOT use retired) Owner/operator					Di	Drug Store	
	uld be file Aental Hy rkad othw tic evant	To Be	17. Father's Name (First, Middle Harvey G. N	erry			18. Mother's Name (First, Middle, Meiden Sumame Rosalie Grayson						name)	10)	
Mary	nd 2 shoilth and N 27 is mair r trauma		19a. Informeni's Name/Relation Penny Gardner								sbury Te				
Itimore,	permit. Pages 1 and 2: Depertment of Health at Important: If Item 27 is any injury or other trau		20a. Method of Disposition 1 X Burial 2 Cremation 4 Donation 5 Other (3			te	b. Placa of cemeters	, crem	atory or o	ther ple		Date 8/8/96	-		Town, State Virginia
Balt	Depenti Depenti importa any inj		21. Signature of Funeral Service	Licens	Tour	6	7	22.			ess of Facility uneral H	ome Inc	. 233 I	Broady	Kiew Avess
Ų	Physician		23a. Part 1. Enter the disease, o shock, or heart failure. Lis	r compl t only o	licetions that caus ne cause on each	ed the d	eath. Do n	ot ente	r the mod	e of dyi	ng, such es cardia	c or respiretory	errest,		Approximete Interval Between Onsel end Death
	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)		Conc	105	tive	- I-	tear	-4	Faily	ire			Iweek
-	bed thist	Examiner			/ \ 1		scle		A .	5 1		Disea	ase	1	2 years
o,	an end		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury			Due to	o (or as e c	onsequ	ience of):						J
68760,	ficate be executed physician end as the burial-transit	edical	c. Cause (Disease of Injury the Initiated events resulting in death) Last Due to (or as e consequence of):												
Box	the death certificate be executed y the ettending physician end Iched for use as the burial-transit	Physician/Me	d												
0	t the dea by the el	/slc	Part II. Other eignificant condition	one cor	ntribuling to death	but not	resulting in	the un	derlying c	ause giv	en in Part I.	23b. DI	d tobacco use	contribute	to the cause of death?
J.	es that thighed by	by Ph	COPD, Cerebral arteriosclerosis 12000 20 No 30 Probably 40 UI										obably 4 Unknow		
Hecords,	law requires that les been signed b 2 should be det	Completed											s an autopsy formed?		Were autopsy findings avelleble prior to completion of cause of deeth?
	The safe h							/				1□	Yes 2 N	0	I □ Yes 2 No
VIII V	certificate	Be	25. Was case referred to medica exeminer?	-	fospital:					0	26. Place of De				
ō	Phys this ral di	. To	1 Yes 20 No 27. Manner of Death		1 U Inpa		ER/Out	-			4 AU Nursing i	Home 5 Res			oify)
VISION	th. After	tiflcation:	Naturai 5 Pendii 2 Accident Investi	getion	28a. Date of In (Month, D	Dey Year	28b. Ti	me of ury	М 2	8c. Injui Woi 1 🗆	yat k? Yes 2 □ No	28d. Describe	how injury oc	curred	
≥	r Attention for dea	E	4 Homicide determ	nined	Suicide 4 Homicide 4 H										ral Route Number,

To the Hospital or Atter within 24 hours effer dea To the Funeral Diractor completely filled in by the

28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) determined 1 Cartifying Physician: To the best of my knowledge, death occurred et the time, dete and placa, end due to the cause(s) and menner es steted.
2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete end place, and due to the cause(a) end manner stated. 29c. License number 29d. Dele signed (Month, Dey, Year)

29b. Signature end title of certifier

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

James R. Modre Jr. 207 Brookes Ave Gai The-sburg MD 20877

31. Date filed (Month, Day, Year)

AUG 1 4 1936

July Mustice Parish

State Registrar

Medicai Certifi

29a. Certifier (Check only one)

Ang Kala Pinganan ang ang ang grant in so the solution er ein in der ein der Abertalie der Abertalie der gezieber aus

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Day 1996 **Physician** AUGUST 7, GEORGE A KOLSTAD 12:43 AM /Medical 4b. City, Town, or Location of Death 4a. Facility Name (If not institution, giva street and number) 4c. County of Death Examiner THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE If Under 24 Hrs. 8. Data of Birth
Hours Min. (Month, Day, Year)
Dec. 10, 1 5. Social Security Number If Under 1 Year 9. Birthpiace (State or Foreign Country) New York 7. Age (In yrs. last birthday) **Funeral** Months Days 1以 M 2□ F 079-01-6722 76 Yes 1919 Director Usual Residence of Dacedent 10a. State 10b. County 10c. City. Town or Location them 27 is marked other than "natural", or items 23s or 28s-f show other traumetic event, the Medical Examinar must be notified at 10d. Inside City Limits Maryland 1 ☐ Yes 2 ☑ No Director Montgomery Laytonsville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 7920 Brink Road 20882 United States death y Funeral 12. Was Decedent Evar in U.S. Armad Forcas? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 11. Marital Status 14. Race - American Indian, permit. Pagas 1 and 2 should be filed within 72 hours effar to Department of Health and Mental Hyglena. important: If item 27 is marked other than "natural", or iten any injury or other traumetic event, the Medical Example page. Biack, Whita, atc. 1 Yas 2 No tf Yes, Giva Yaar or Dates: 1 ☐ Never Married 2 ☑ Married 1 ☐ Yes 2 ☐ No Specify: à 3 Widowed 4 Divorced White Completed 15. Decedent's Education (Specify only highest grade complated) 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT usa ratired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) q Physicist Department of Energy 18. Mother's Name (First, Middle, Malden Sumame) 17. Father'a Name (First, Middle, Last) Charles A. Kolstad Rose Haesloop 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) Charles Kolstad/Son 7920 Brink Road, Laytonsville, Maryland 20882 20b. Place of Disposition (Name of cematary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Buriai 2 ☼ Cramation 3 ☐ Ramoval from Stata 4 □ Donation 5 □ Other (Specify) Metropolitan Crematory 8/9/96 Alexandria, Virginia 21. Signature of Funaral Service Licenses 22. Nama and Addrass of Facility
Muriel H. Barber Funeral Home P. O. Box 5038, Laytonsville, Maryland 20882 23a. Part 1 Enter the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiretory arrest, shock, or haart failure. List only one cause on each line. Approximata Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) DIOGENIC SHOCK Examiner Examiner physicien end the burial-transit Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disaase or injury that initiated events resulting in death) Last THORACO ABDOM WAR ANEURYSM REPAIR Physician/Medical usa as for ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 3 Probably 4 ☐ Unknown 1 Yes 2 No þ 24b. Were autopsy findinga available prior to completion of cause of death? Completed 24a. Was an autopsy peen hes JE Yea certificata 2 □ No 1 ☐ Yes 2 ☐ No Hospital or Attending Physician:
 24 hours after death.
 Funeral Director: After this certifica funeral director, 25. Was casa referred to medical examiner? 26. Place of Death (Check only one) Hospitai: Othar: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) 1 Inpatiant 2 1 Yes 2 No 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) Certification: 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending invastigation Naturai 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined To the Hospital or Atterwithin 24 hours after der To the Funeral Director completely filled in by the 3 Sulcide 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 28e. Place of Injury - At home, farm, atreet, factory, office building, etc. (Specify) 4 - Homicide 29a. Certifier (Check only one) 12 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to tha cause(s) and manner as stated. cal 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at tha time, date and place, and dua to the cause(s) and manner stated. 29b. Signature and title of petrifier 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Nama and address of person who completed cause of daath (Item 23a) (Type, Print) 4321 ROLAND SPRINGS. BALTIMORE MD 21210 DECLAN HEGARTY

State Registrar

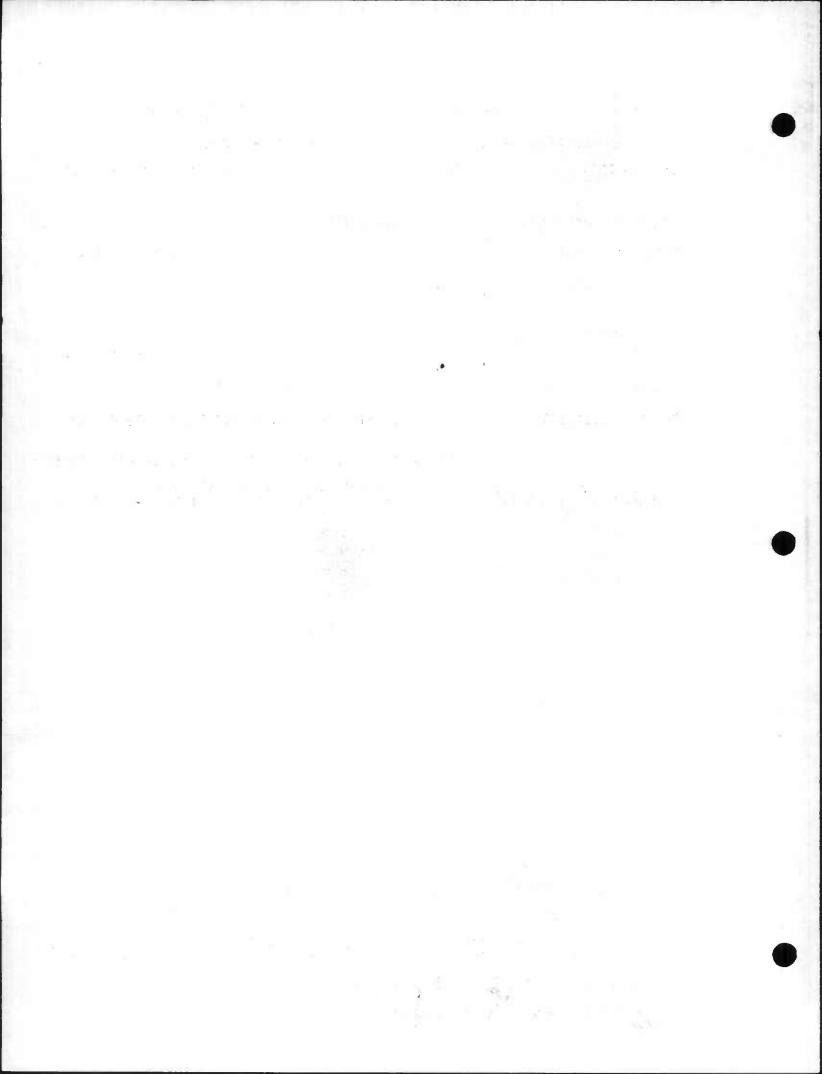
31. Data filed (Month, Day, Year) **AUG 1 5** 32. Registrar's Signature Juli other level or Revolate

with the Meryland

Baltimore, Maryland 21215-0020

Box 68760.

Division of Vital Records, P.O.



State of Maryland / Department of Health and Mental Hygiene Q

2. Date of Death

Certificate of Death

3 Time of Death

Physician /Medical	Decedent's Name (First, Middla, Last) JUANITA
Examiner	4a. Facility Name (If not institution, giva s
	1504 E ELANDEDE LA

AUGUST 3, Da 1996 Yaar ATT NAIIE. MII DRFD LIPPHARD 1:55 PM 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death 1504-E FLANDERS LANE **HARWOOD** ANNE ARUNDEL Hours Min. 8. Date of Birth Month, Day, Y If Under 1 Yaar Months Days 5. Social Security Number 7. Aga (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** 1□M XXF 229-32-9696 65 1930 VIRGINIA Director Usual Residence of Decedent permit. Peges 1 and 2 should be filed within 72 hours after death with the Meryland Department of Heelth and Mental hygiene. Important: if item 27 is merked other than "natural", or items 23a or 28a-1 show any injury or other traumatic event, in Medical Emergence. 10a, State 10b. County 10c. City, Town or Location 10d. tnside City Limits 1 ☐ Yes 2 No Director MARYLAND ANNE ARUNDEL HARWOOD 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 1504-E FLANDERS LANE 20776 UNITED STATES Funeral 12. Was Decedant Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 11. Marital Status 14. Race - Amarican Indian, Black, White, etc. 1 Yas 2 No If Yes, Give Yaar or Dates: 1 Navar Married 2 Married 1 ☐ Yes 2 🕱 No þ Specify: 3 Widowed 4 ☐ Divorced WHITE Completed 18a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry College (1-4or 5+) Elementary/Secondery (0-12) 0 **TELLER** BANK 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be **FRAZIER** IRA LOIS ATKINS 2 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) STEVE M. SHERMAN - SON 4907 VILLAGE DRIVE, FAIRFAX, VIRGINIA 22030 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 X Cremation 3 ☐ Removal from State 4 □ Donation 5 □ Other (Specify) HUNTT CREMATORY AUGUST 5, 1996 WALDORF, MARYLAND 21. Signature of Funeral Sarvice Licensea THE HUNTT FUNERAL HOME, INC. MARK G. BROHAWN M00053 P.O.BOX 156, WALDORF, MARYLAND 20604 Approximata interval Between Onset and Death 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each lina. **Physician** Immediate Cause (Final disease or condition rasulting in death) DBSTRUCTIVE LUNG DISEASE /Medical Examiner The law requires that the death certificete be executed attending physician and for use as the buriel-transit Physician/Medical Exam Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Due to (or as a consequence of) signed by the a d be detached f Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to complation of cause of death? 24a. Was an autopsy performed? Completed s certificate has b director, page 2 s 1 ☐ Yas 2 No 1 ☐ Yas 2 ☐ No Hospital or Attending Physician:
24 hours after death.
 Funeral Director: After this certificalety filled in by the funeral director, t 25. Was case referred to medice examiner? Be 28. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 A Rasidence 8 Other (Specify) 9 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 Natural 2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 ☐ Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner steted. 29a. Certifier Medical To the Hosp within 24 ho To the Fune completely fi (Check only one) 29b. Signature and fittle of certifier 29c. License number 29d. Date signed (Month, Day, Year) AUGUST 5, 1996 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) LOUIS V. KAUPMAN, M.D., 8926 WOODYARD ROAD, #602, CLINTON, MARYLAND 20735

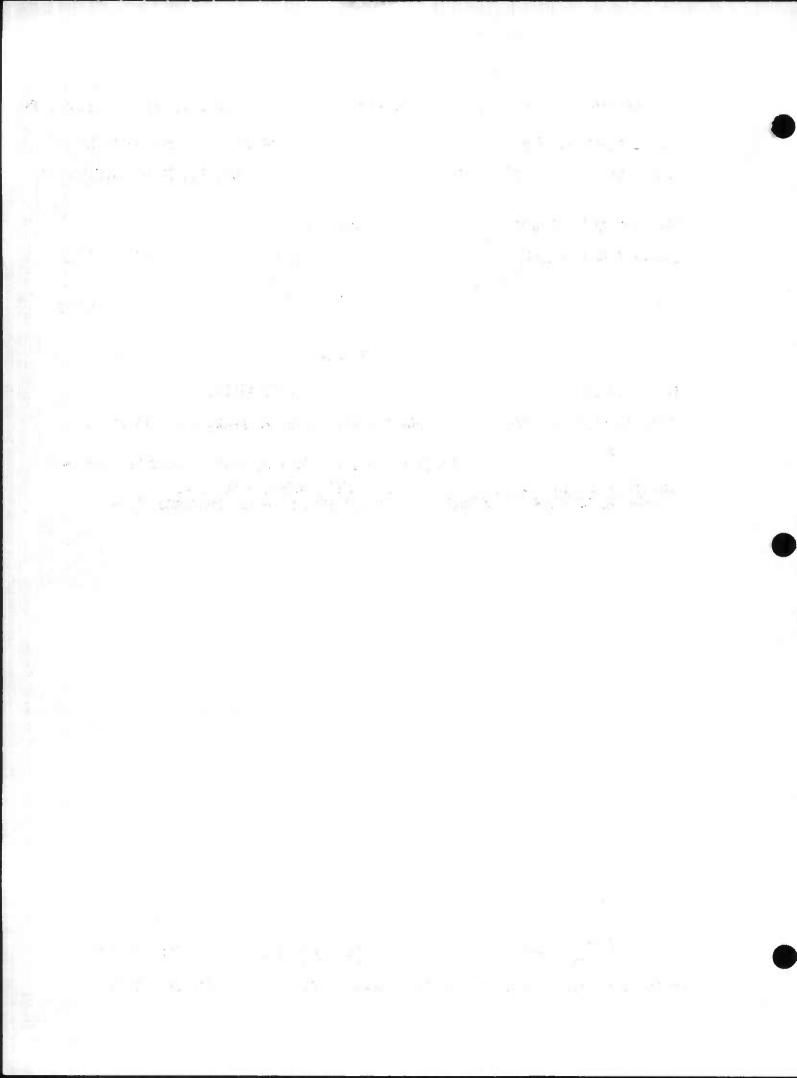
32. Registrar's Signature

Falin Shudson Redall

State Registrar

31. Date filed (Month, Day, Year)

AUG 0 6 1996



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pemir. Pege Department of Important: If any Injury or	21. Signatupi of	Kunecal Service	Man	ted		. Nama and Addre		У	IOME.			

THE HUNTT EUNERAL HOME INC.

Physician

Baltimore, Maryland 21215-0020

/Medical Examiner

Examiner Physician/Medical Completed by Be

To the Funeral Director: After this certificate has been signed by the attending physician and completely tilled in by the funeral director, page 2 should be deteched for use as the buriel-transit

To the Hospital or Attending Physician: The law within 24 hours after deeth.

To the Funeral Director: After this certificate has!

The law requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760,

23a. Part1. Entar tha disaasa, o shock, or haart failure. Lis	or complications that caused tha daath. Do not antar tha mode of dying, such as cardiac or respiratory arrest, it only one cause on each line.	Approximata Interval Batween Onset and Death
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2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical

29b. Signatura and titla of cartifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) 17631 1996

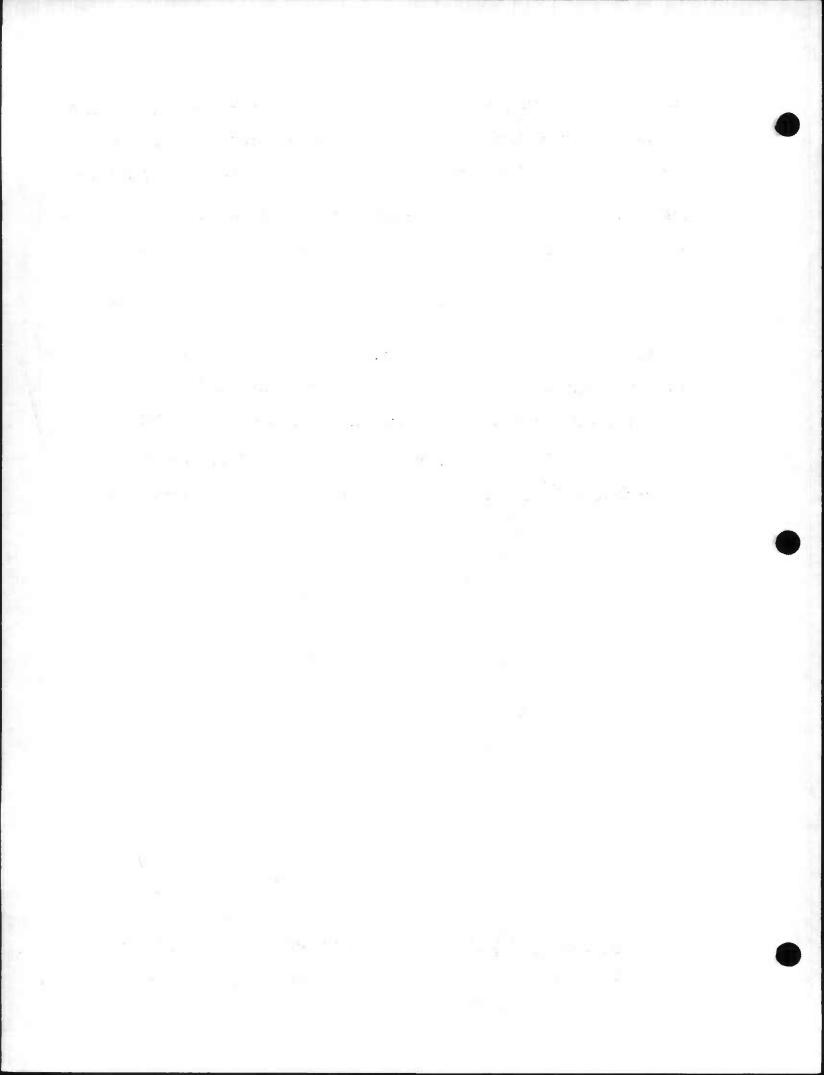
State Registrar 30. Nema and address of person who complated causa of death (Item 23a) (Type, Print)

S. J. PATEL MID WALDER MID 32. Registrar's Signature

To a series of the series of t

State of Maryland / Department of Health and Mental Hygiene 96

				,,	Ce		of Death		Reg. No.	24230				
			1. Decedent's Name (First, Middle, La	st)				2. Date of De	ath	3. Time of Courth				
	Physici /Medic		MARIE	LAUERMAN				July 3	30 1996	2150				
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	and		Usuel Residence of Decedent 10a. State 10b. County	10c. Cit	/, Town or I	ocation				10d. Inside City Limits				
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21215-0020	be filed within 72 hours after death with the Maryland tal Hyglene. d other than "natural", or items 23a or 28a-f show event, tra Medical Eventral must be notified as	þ	11. Marital Stetus 1 ☑ Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedent Ever in U. Armed Forces? 12. Yes 2 No 17. Yes, Give Yeer or Dates: 1945		. Was Deceden if Yes, specify 1 ☐ Yes 2 ☑	t of Hispanic Origin? Cuben, Mexican, Pue No Specify:	(Specify Yes or No erto Rican, etc.)	- 14. Race - Black, \ Specify:	American Indlen, White, etc. White				
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Baltimore,	permit. Peges 1 an Department of Heal Important: If Item 2 any Injury or other once.		21. Signature of Funerel Service Licer	100	1		ddress of Fecility Tuneral Ho	me. P.A.	Owings.	MD 20736				
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Division of Vital	or Attending Physicien: after death. Director: After this certification by the funeral director,	atlon	27. Manner of Beeth 1 ☑ Neturel 5 ☐ Pending 2 ☐ Accident investigation		28b. Time Injury	of Z8c.	injury at Work? 1 Yes 2 No	28d. Describe	now injury occurred					
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State of Maryland / Department of Health and Mental Hygiene

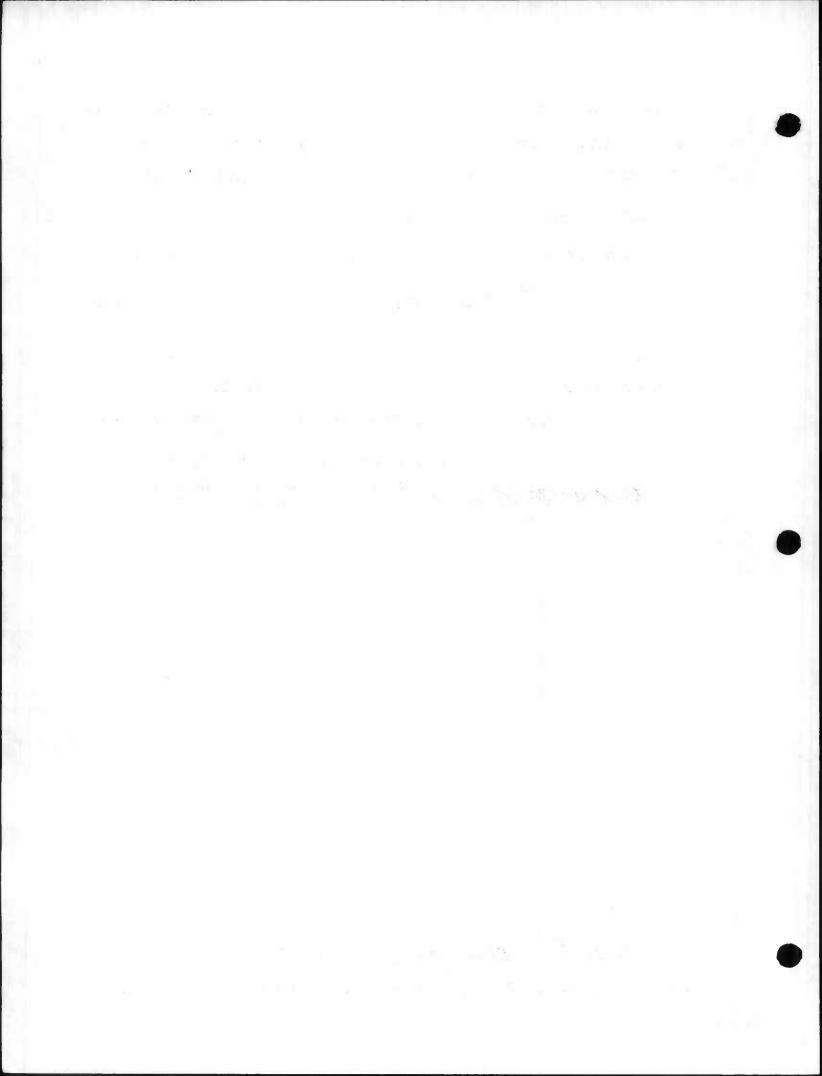
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	Hen Hen	5	Armed	Forces?		If Yes, specify Cub	an, Mexicen, Puerto	Ricen, etc.)	Bleck, Wi	
0200-612	e filed within 72 hours after death with the Manyland at Hygiene. I other than "natural", or items 23s or 28s-f show vent, the Medical Examinet must be notified at	by	If Yes,	Give Give or Detes:		1 ☐ Yes 2 🔯 No	Specify:		Specify:	White
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			23a. Pert1. Enter the disease, or complicet on the shock, or heart fellure. List only one can be de-	et ceused the deeth. on eech line,	Do not en	ter the mode of dyl	ng, such es cardiec	or respiretory e	rrest,	Approximete Interval Between
Ŋ.	Physician									Onset end Deeth
	/Medical Examiner		Immediate Ceuse (Finel disease or condition	Respin	a far	n Fait	luce			
	LAUMMET	L	resulting in deeth)	Due to (or e	s e conse	dence of):				
	B E	Examiner	- 1 6	Respina Bibasil	ar	PNEMO	hia			
	and -tran	хап		Due to (or e						
Š	certificate be execut ding physician and se as the burial-tran		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury							
00/00	erificate be ding physicis se as the bu	edical	that initiated events resulting in death) Last	Due to (or e	s e conse	quence of);				
×	ing s	Me	L a							
8	attend for us								-	
s	by the a	Physician	Pert II. Other significant conditions contributing to	death but not result	ing In the u	underlying ceuse gi	ven in Pert I.	23b. Dld	tobacco use contribu	ta to the cause of death?
Ľ	that the	F.	Harapleusen H	a Nelaus	aen.	11/1	Para la care	10	Yes 2011No 3□	Probably 4 Unknown
ds,	45 46	by	The particular of the	o depres		1110	cougher.	-		
5	requires been sign should be	Completed	Fortuer of hours	er and	TILLA	nois Ch	in poda	24e. Wes		Were autopsy findings aveilable prior to
5	2 th W	현	11	00 .700	11700	3,0	103,00	ween.		completion of ceuse of deeth?
_		Son	Hyno va tremin	Humaka	lane	ia		101	Yes 2 No	1 ☐ Yes 2 ☐ No
2	ician: Th certificate rector, pay	Be (25. Was case referred to medical /	11/10/			26. Plece of Deal	th (Check only o	one)	
-	9 9 5	10	Hospital	☑Inpatient 2□EF	R/Outpetie	nt 3 DOA Oth	her: 4 Nursing Ho	ome 5 Resid	dence 6 Other (Sp	pecify)
2				te of Injury Ionth, Dev Year)	8b. Time o	of 28c. Inju	ry et	28d. Describe I	now Injury occurred	
5	Attending ir death. ector: Alte by the fune	atic	1 ☑Neturel 5 ☐ Pending 2 ☐ Accident investigation	UGUL	injury		Yes 2 □ No			
2	or de or de by th	SE I	3 Sulcide 6 Could not be 28e. Ple	ece of Injury - At hom ilding, etc. (Specify)	e, ferm, st	reet, fectory, office		28f. Location (S City or Tox	Street end Number or	Rural Route Number,
5	e d of o	Certification:	/	namy, oto. (Oppony)				J., J. 70.	, 5.6.6)	
	To the Hospital or Attenswithin 24 hours after deall To the Funeral Director: completely filled in by the		29a. Certifier 1 Certifying Physicien: To	the best of my knowle	edge, deat	h occurred et the til	me, dete end piece,	end due to the	ceuse(s) end menner	es steted.
	he Fi he Fi pless	edical	L INCOION EXAMINATE OF THE	enner steted.	n end/or in	ivestigation, in my o	opinion, deeth occur	red et the time,	date end place, end d	ue to the ceuse(s)
	To To To To To To To To To To To To To T	2	29b. Signature and title of certifier	118		29c. Licens			29d. Date signed (Mo	
١	-0.00 CO CO II		1 (ludes)	11		1/2	3 Ff 9		12419	6
•		1	30. Name and andress of person who completed o	ause of deeth (Item 2	3a) (Type,	Print)			, , , ,	
	4	2	Town C. ARRISTE TO	2. MD, 9	48W	Aslung /	in Ave	Charle	ntown 7	id 2/620
	Sta	te	31. Dete filed (Month, Day, Year) 9 32	Registrer's Signatur	re	3.	1			-
	Registr	ar	JUL 25 96 grand	Javuson-Ma	ndell					

Ammended: 10A,7/17/96, T.M.
19B, 7/19/Pfease Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 24292

						Cer	tificate	of	Death			Reg. No.			
Œ	F.V.		1. Decedent's Name (First, Middle, La	st)							2. Dete of De	afh	500	3. Time of Deat	th
	Physici /Medio	cal	Bayard William Ma						45 O'S T-		July 11	_		17:30	
	Examir	ner	4e. Facility Nama (If not Institution, giv								cation of Deeth		nty of Death		
-	F		Kent & Queen Anne		L ə <i>(l</i> n yrs. <i>l</i> əst	hirthday)	If Under 1	Year	Ches If Under		OWN 8. Dete of Birt		ent	place (Ctate or For	na lan
al .	Funeral Director			MM 2□F	62	Yrs.		Deys	Hours	Min.	(Month, Da September	y, Year)	3 Del	plece (Stete or For intry) aware	eign
	ylan		10a. State 10b. County		10c. City, To	own or Lo	cation							10d. inside City Lin	nits
	e-I-s	ctor	Maryland Ker	nt	(Chest	ertow	n						1 □ Yes 2√2	No
	h with th	al Director	10e. Streef and Number 249	Merganse:	r Driv	е	10f. Zip C	620)			10g. Citizen o		ntry?	
	deati	Funeral	11. Maritei Status	12. Was Decedent E	Ever in U,S.	13. V	Vas Decede	nt of I	lispanic On	gin? (Spe	cify Yes or No		lace - Ameri		
0200-61212	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglene. Important: if item 27 is marked other than "naturel", or items 23a or 28a-1 show any injury or other traumatic event, the Madical Examiner must be notified at price.	Ď	1 ☐ Never Merried 2⊠ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forces? 1 ⊠ Yes 2 □ N If Yes, Give Year or Detes:	_{lo} Korean (f Yes, specif 1□ Yes 2[.CT			i, Puerto	Hican, etc.)	Spec	city:	ite	
2	72 ho	ted	15. Decedent's Ed	ducation		6e. Deced	lent's Usuai	Occur	pation			16b. Kind of			
Z	thin 7	Completed	(Specify only highest gra Elementary/Secondery (0-12)	College (1-4or 5	+)	life. L	kind of work DO NOT use	retire	during mos	of worki	ng				
	ed wi	Con	12			M	1illwr	igh	ıt			Tex	tile	Plant	
Jana	d oth	Be	17. Father's Name (First, Middle, Last))							(First, Middla,	Maidan Sum	eme)		
7	Men	5	Joseph P. Markow						-		ffith				
, Ma	and 2 sh salth and 127 is m		19a. Informant's Name/Reletionship (Susan J. Markow/W		1	9b. Mailin 249 D	aMerga axxxxx	AW.	Drive	, Ch	n Route Number	or, City or Tow Wn , Ma	m, Stete, Zi irylan	d 21620	
ore	of He		20a. Method of Disposition 1 No Burial 2 ☐ Cremation 3 ☐	Domousi from State	20b. Place ceme	of Dispos	sition (Neme	e of ner ple	ce)		Defe	20c. Locatio	n - City or T	own, State	
Ě	Pag ment ant: t	ļ	4 Donetion 5 Other (Specific		Crum	pton	Cemet	ery	/July	14,	1996	rumpto	n, Ma	ryland	
pailimore	Departi Departi Importi any ini		21. Signature of Funeral Service Licer	isee	1-	Fe		Hel	fenbeir	& Ne	wnam Fun		ne, P.A		
	_		130 Speer Road, Chestertown, MD 21620												
Ų.	Physician		23a. Part 1. Enter the disaesa, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Consett and Death												
	/Medical		Immediata Cause (Final		A. 7	4				1. 1	1.	1		2 000	,
	Examiner		Immediata Cause (Final disease or condition resulting in death) a. Doute My cardial Marchen 2 live Dua to (or as a consequence of the consequenc												
-		Je.		1	On as	a conseq	uance on:				/		1		
	outed od ransit	Examiner	Sequentially list conditions	b. 7 3	Dua to (or as	a consequ	uanca of):								
Š	an ar		Sequantially list conditions, if eny, laading to immadiete cause. Enter Underlying Causa (Disease or injury												
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9	tha o	hys	Pert II. Other significant conditions of	ontributing to death bu	if not resulting	g in the ur	iderlying cat	use gn	ven in Pert I.		236. 010 1			to the cause of dea bably 4 ☐ Unkn	
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ž	quire on sig										24a. Wes	an eutopsy	24b. W	ere autopsy finding	gs
2	law re las bec s 2 sho	plet									репо	rmed?	C	ompletion of cause death?	
	icien: The lav certificata has rector, page 2	Completed									101	res 2 No		□Yes 2□No	
	en: tifica tor, p	Be C	25. Was case rafarred to medical						26. Piaca	of Death	(Check only o	/			
>		ToE	examinar? 1 ∑Yes 2 ☐ No	Hospifai:	nt 2 XER/	Outpetient	t 3 DOA	Ott	ner:		ne 5 Resid		Other (Speci	ity)	
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0	deat deat ctor: y the	fical	3 Sulcide 6 Could not be		rv - At home	ferm stre			163 201		28f. Location (5	Street and Nu	mber or Rui	al Floute Number,	
5	after Dire	ert	4 ☐ Homicida determined	building, efc	. (Specify)						City or Tox				
	To the Hospital or Attending Physicien: The is within 24 hours after death. To the Funeral Director: After this certificate ha completely filled in by the funeral director, page	cai		ysician: To the best of inar: On the bests of	exeminetion										
	ithin o the omple	Medi	29b. Signature end fitte of cartifier	and manner stat	100.		29c	Licens	se number			29d. Defe sig	ned (Month	Dey, Year)	
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	1	real	30. Name end address of person who						17a		. 1/	1 1 0	1 (0 0		
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	Registra		JUL 16	'96 32. Registra	grana Da	urdson	-Aandel	20							

Registrar



ITEMS: 21. 22, PER F'.H. FILM G-738 8/15/96 t.t

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

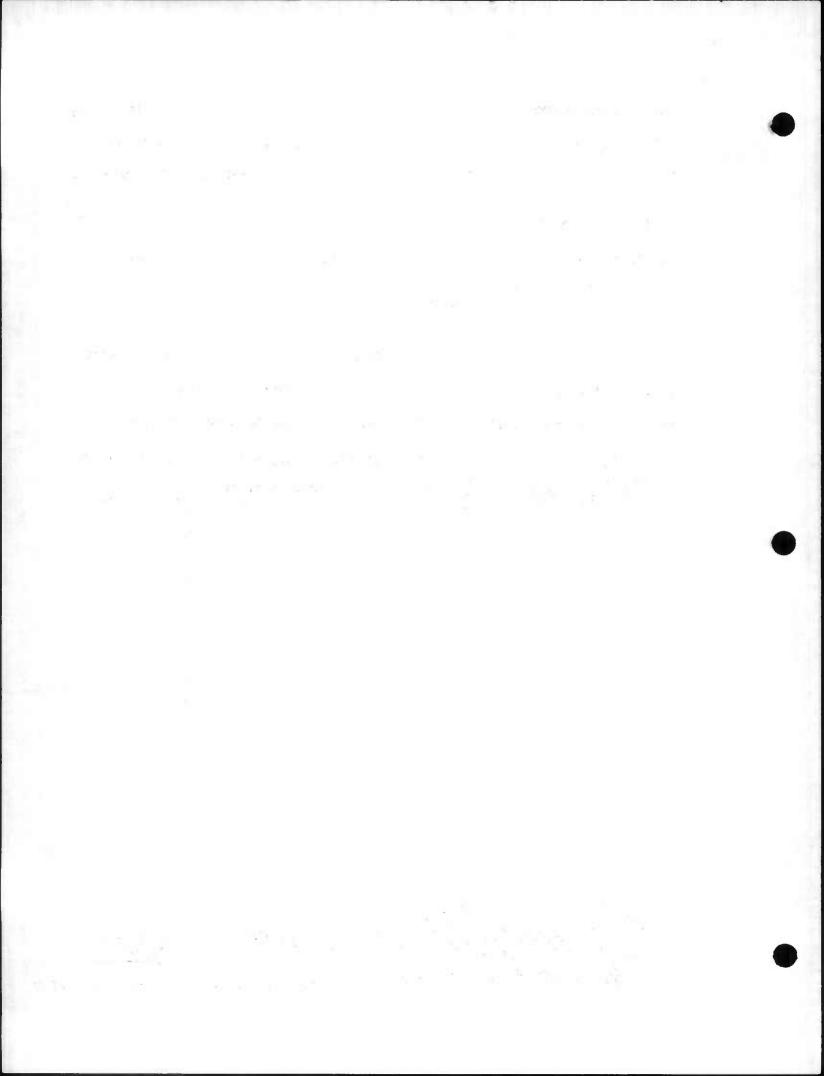
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				- Charles

		٠,	20,00	Clate of Warylar	Certificate o			Reg. No.	0 2429.	3
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л	Physici Medio/		CLIFT	ton LEE	MATTHE	WS SR	7	Dey 9	96 1 =	
	Examir		4e. Fecility Name (if not institution, gir	ve street end number)		4b. City, Town, or	Location of Deat	4c. County	of Deeth	
				MARKET ST		SNOW HI		WORK	ESTER	
В	Funeral			Sex 7. Age (In yrs.	yrs. If Under 1 Yes		(Month, De	th y, Year)	Birthplece (State or For Country)	reign
.(0)	Director		Usuel Residence of Decedent	6	2 118.		4-26-	34	VA.	
	land ow		10e. Stete 10b. County	10c. Ci	ty, Town or Location				10d, Inside City L	lmits
	the Marylar 28a-f show notified at	tor	Md. LORRCI	ESTER S	NOW HELL				1 Yes 2]No
	r 28a	rec	10e. Street end Number		10f. Zip Code	9		10g. Citizen of	What Country?	
	death with the Maryland ms 23a or 28a-f show f must be notified at	alD	4023 N	TARKET ST	: 218	63		1151	1	
	dea	Funeral Director	11. Maritel Stetus	12. Was Decedent Ever in U		f Hispenic Origin? (S	Specify Yes or No	14. Red	ce - American Indien, ck, White, etc.	
20	urs after death with the Maryla al', or Neme 23a or 28a-f shov Examiner must be notified at	F	1 Never Married Merried	Armed Forces? 1 ☐ Yes 2 1 No If Yes, Give	1 ☐ Yes 2 ☑ N		io riioan, oto.,	Specif		
5-0020		d by	3 ☐ Widowed 4 ☐ Divorced	Yeer or Detes:				Specif	Black	
15	n 72	Completed	15. Decedent's E (Specify only highest gro	ducation ade completed)	16e. Decedent's Usuel Occ (Give kind of work dor life. DO NOT use reti	cupation ne during most of wo	rking	16b. Kind of B	usiness/Industry	
2121	illed within the state of the the state of t	E C	Elementary/Secondery (0-12)	College (1-4or 5+)	_	1 2	1	/ 11M	DER-MILL	
	Hygi Hygi offier	Ö	17. Fether's Neme (First, Middle, Last	t)	Truck-		me (First, Middle,			•
Maryland	should be filed with nd Mental Hygiene, merked other the metic event, tre	To Be	Pliston MA.	thews, JR		10-0	00:5	BUR		
ary	2 should and Mer is marks	-	19e. Informent's Neme/Reletionship ((Type, Print)	19b. Meiling Address (Stre	et and Number or R	ural Route Numb			
			DEROTHY MART	HEWS - WIFE	: 4023 MA	RKetst.	SNOW	WHILL	Md. 21863	
Ore	of He		20e. Method of Disposition	20b. I	Plece of Disposition (Neme of cemetery, crematory or other p		Date	20c. Location	City or Town, State	
Baltimore,	permit. Pages 1 and Department of Health Important: If item 27 any Injury or other to once.		1 Surial 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Special	Tuellioner from State	Liverance	1	7-20-96	SNOU	HILL, MC	1
alt	permit. Pag Department Important: If any Injury o		21. Signeture of Funerel Service Lica	nsee PER DVR	22/Name and Add	Trace of Encility	HARTON FUI	NERAL HOM		
•	897 2 8 9		KEITH E. WHAR	RTON	22171 WHAR		CCOMAC, V			
			23e. Pert1. Enter the diseese, or com- shock, or heart feilure. List only	pplications that caused the dear	th. Do not enter the mode of d	lying, such es cardie	c or respiretory a	rust,	Approximate Intervel Between	n
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в		F .	resulting in deeth)	Due to (or es e consequence of):					
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	ificate be executed g physician and as the burial-transit	хап	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury	Due to (c	or es e consequenca of):					
68760,	cate be exphysician such buria		Cause (Disease or injury thet initiated events	C					i	
89	ifficate g phy as the	edical	resulting In deeth) Lest	Due to (c	r es a consequence of):					
Box		M/u		d						
	The law requires that the death cer ate has been signed by the attendin page 2 should be detached for use	Physician/N	Part It. Other significant conditions of	contributing to death but not res	ulting in the underlying cause	given in Pert I.	23b. Did	tobacco use co	ntribute to the cause of de	ath?
P.0	that the dead by the detached	2hy			, , , , , , , , , , , , , , , , , , , ,	•		Yes 2□ No	3 Probably 4 Unk	
	es tha be de	by							_	
ord	been si should	Completed					24e. Wes	an autopsy	24b. Were autopsy findir available prior to	
ec	has by	ple							completion of cause of death?	3
H		5					10	Yes 2 No	1 Yes 2 No	
Vital Records,	ifcian: The I certificate he rector, page	Be	25. Wes case referred to medical examiner?	Harris March			eth (Check only o	nne)		
of		10	1 Yes 2 No		Ervoulpatient 3LJ DOA		tome 5 Resid			
- L	After funer	Certification:	27. Menner of Death 1 Netural 5 ☐ Pending	28a. Dete of Injury (Month, Dey Year)	28b. Time of Injury 28c. tn		28d. Describe	now Injury occur	red	
Division	death death stor:	icat	2 Accident Investigation 3 Suicide 6 Could not b	00 000 0100 0440	ome, ferm, street, fectory, offic	Yes 2 No	28f Location /	Street and Numb	per or Rural Route Number.	
S	after Direct	ert	4 Homicide determined	building, etc. (Specif	y)		City or Tov		or rigital rigid rigitizer,	
	To the Hospital or Attending Phys- within 24 hours after death. To the Funeral Director: After this completely filled in by the funeral di		29a. Certifier 1 Certifying Ph	ysician: To the best of my kno	wiedge, deeth occurred at the	time, dete and place	, end due to the	cause(s) and ma	anner as stated.	
	n 24 l	edical	(Check only 2 Madical Examone)	miner: On the basis of examine end menner steted.	tion end/or investigation, in my	y opinion, deeth occu	irred et the time,	dete and plece,	and due to the cause(s)	
	To the To the comp	ž	29b. Signature end title of certifier		0.1	nse number			d (Month, Day, Year)	
		2	Robotal	, M.	D . D	29168		7/12/	92	
		7	30. Neme end eddress of person who							
			Robert A	11en 309	- 1055t	Pocom	oke, M	0, 218	51	
	Sta		31. Dete filed (Month, Dey, Year)	32 Registrar's Signe	ture					
	Registr	ar	JUL 1 8 199	1) Hall amules	rhandall					

23A. - In error Field Representative used white-out on the original document $8/14/96~\mathrm{dhb}$

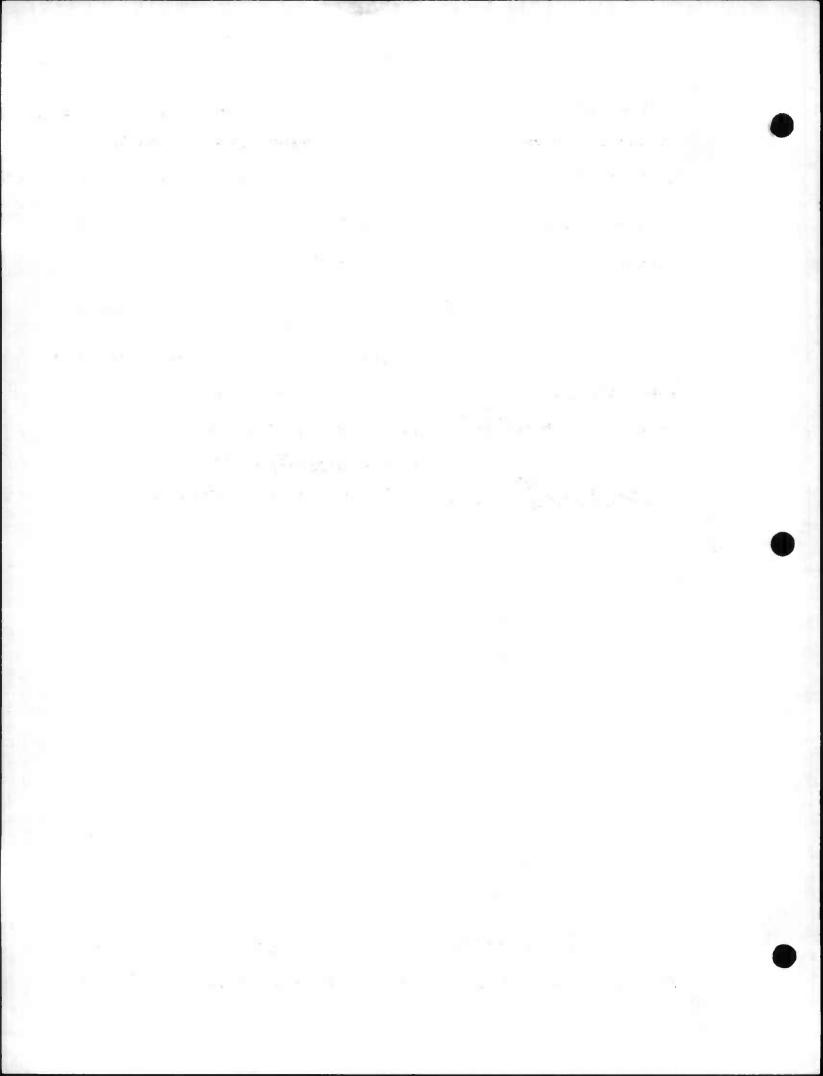
State of Maryland / Department of Health and Mental Hygiene 96 24294

							C	ertificate	e of	Death		R	eg. No.		L7277
			1. Decedent's Nem	e (First, Middla, La	ast)							2. Dete of Dee	th	Great Control	3. Time of Death
	Physici /Medi		ALAN DA	VID McAR	THUR							Month August	2 Day 19	96	9:45 AM
	Examir		4e. Fecility Neme (m <i>ber)</i>				4b. City, To	wn, or L	ocation of Death		ty of Death	7.97 A
				lin Cour		7 4 - 4		lf Under	1 Voor	Wald		T		RLES	
	Funeral Director		5. Social Security N 508-14-76 Usuel Residence of	576	10 M 2□ F	7. Age (In yr	s. last birthdi Yrs	Months	Days		Min.	8. Dete of Birth (Month, Dey SEPT 11	Year) 1921	9. Births Cour Nebr	place (State or Foreign ntry) aska
	and **		10a. State	10b. County		10c. (City, Town or	Location						1	Od. Insida City Limits
	death with the Maryland ms 23a or 28a-f show r must be notified at	tor	Maryland	Montgome	rv	F	Bethes	da							Yes 2□ No
	r 28a	Director	10e. Street and Nu		J			10f. Zip	Coda			1	0g. Citizen of	Whet Cour	nfry?
	3a o		9700 Parl	wood Dri	Ve			2	2081	4			IJ	SA	
	death	Funeral	11. Marital Status	twood DII	12. Wes Dece		U,S. 1	3. Wes Deced	ant of I	Hispanic Ori	gin? (Sp	ecity Yas or No-	14. Re	ece - Americ	
020	d within 72 hours efter death with the Manylan jiene. r than "naturel", or Items 23a or 28a-f show tre Medical Examiner must be notified at	þ	1 ☐ Never Merr 3 ☐ Widowed	ied 2 Merried 4 Divorced	Armed Fo 1 X Yes If Yes, Giv Year or D	2 No	11	1 Tes, spec				Rican, atc.)	Spec	eck, White, ify: Wh	ite
O	2 ho	8	10	15. Decedent's E	ducation		16e. De	cedent's Usue	Occu	pation		7.01	16b. Kind of	Business/In	dustry
Maryland 21215-0020	within 7 ene. than "n	Completed	Elementery/Seco	only highest grandery (0-12)	college (1	I-4or 5+)	(G	iva kind of wor a. DO NOT us	k done e retire	during mos id)	t of work	ang			
2	e filed with al Hygiene. other than vent, the M				4+		At	torney						overn	ment
3nc	be fi	Be	17. Father's Neme		"							e (First, Middle, I			
ž	should be fund Mentel his marked of umatic eve	To		McArthur						1		Mills Mc			
Mai	le she le mark reum		19e. Informent's Na					_				ral Route Number			Code)
e, 1	as 1 and 2 should be filed of Health and Mentel Hyg item 27 is marked other r other treumatic event,			. McArthu	ır (Wif	-		O Parkv sposition (Nem		Driv	re Be	ethesda,			
Baltimore,				osition Cremetion 3 ☐ 5☐Other (Specil		State	cemetery, o	olitan	ther pie	,	у 8-	S720	20c. Location Alexan		
Balt	permit. Page Department of Important: If eny Injury or office.		21. Signature of Fu	rai Servica Lica	nsee	M001	173		Ebei	rwein	Mor				0.5
	_		J.H. Eberwein Mortuary 4433 White Pls La White Pls., MD 20695 23a Pay Enter the disasse of complications ther caused the deeth. Do not enter the mode of dying, such as cardiac or raspiratory errast, Approximate												
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	/Medicai		Immediate Cause (a	tase	tito	5mos	CP C	ill .	(vu	conon	001/	usch	11/24001
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_6	deeth certificate be executed the attending physician and ed for use es the burial-transit	Examiner	Sequentially list co if eny, leeding to in causa. Entar Unde	nditions,	b. ———	Due to	(or es e con	sequence of):		53					
68760,	e be consistent	edical	thet initiated events	injury	c	Due to	for ea e con	sequence of):						+	
x 68	entificat ding phy se es th	Σ	resulting in death) I	Lest	ď	20010	(0) 85 8 0011	sequence on.							
Box	attendi for use	Physician/													
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00	w red short	Completed										perfor	med?	00	aliable prior to impletion of cause death?
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æ			25. Wes case refer	red to medical			-			00 Pl		1 Y			□Yes 2127No
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0	Attending Physician: r deeth. ector: After this certific by the funeral director,		27. Manner of Death			of Injury			Bc. Inju Wo	4 🗆 140	irsing no	28d. Describe h			y)
0	offing th. : Afte	100	1 ☑Naturel 2 ☐ Accident	5 Pending Invastigation		th, Dey Year)	fnjur	М		rk?]Yes 2□	No				
Division of Vital	or Attending efter deeth. Director: After In by the fune	Iffica	3 Suicide	6 Could not b	288. PIRCE			street, fectory,	, office			28f. Location (St	treet and Nun	nber or Run	al Route Number,
ă	ofter a blred din b	Certification:	4 Homicide		buildi	ng, etc. (Spec	cify)					City or Town	n, Stete)		
	To the Hospital or Attending Ph within 24 hours efter deeth. To the Funeral Director: After th completely filled in by the funeral	edical (29a. Certifier (Check only	10 Certifying Ph 20 Medical Exam	ninar: On the be	best of my krasis of examin	nowledge, de nation and/or	eth occurred a investigation,	at the ti	me, dete en opinion, dee	d plece, th occur	end due to the c red et the time, d	euse(s) end r ete end place	nenner as s a, and due to	stated. o the cause(s)
	ithin o the	Me	29b. Signature and	title of certifier /	m/	7 1	10	a/ 29c.	Licen	number.	-	, 2	9d. Date sign	ed (Modith,	Day, Year)
	F ₹ F ŏ		1	Gnd1	1111	de	-//	20	11	1341	178		21	3/96	
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	Sta Registr	_	31. Date filed (Mon	AUG 0 5 1	996. 32. R	polistrar's filo	nature R	ardall							



State of Maryland / Department of Health and Mental Hygiene 96 24295

				nato of Maryi		ertificate of	Death		g. No.) (_	4290					
	Physic	an	Decedent's Neme (First, Middle, Last)					2. Dete of Death Month	Day	Year	3. Time of Death					
J	/Medi		Regis John Mack					August	1, 19		6:30a.m.					
	Examir	ner	4a. Fecility Neme (If not institution, give street				4b. City, Town, or L		4c. County							
н	2000		13 Leslie Drive 5. Social Security Number 6. Sex		en last histhele	If Under 1 Yeer	Indian I		Chai							
ų.	Funeral Director		211-30-4924 Usuel Residence of Decedent		rs. last birthdey Yrs.	Months Deys		8. Dete of Birth (Month, Day, March		9. Birthpl Count 55 Pe	lace (State or Foreign try) ennsylvan					
	Mend Mend		10a. Steta 10b. County	10c.	City, Town or L	ocation				10	Od. inside City Limits					
	ith the Maryler or 28a-f show a noutled at	tor	Maryland Charles		Indiar	Head					1∰ Yes 2□ No					
	or 28	Director	10e. Street and Number			10f. Zip Code		10	g. Citizen of V	Vhat Count	iry?					
	23e	ral	13 Leslie Drive			2064			U.S.	Α.						
	items items	Funeral		Wes Decedent Ever in Armed Forces?	1 U,S. 13.	Wes Decedent of If Yes, specify Cut	Hispenic Origin? (Spoen, Mexican, Puerto	ecify Yes or No- Rican, etc.)		e - America k, White, e						
)20	filed within 72 hours after death with the Maryland Hyglene. ther than "natural", or items 23a or 28a-f show int, tra Medical Examinet must be notified at	by F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	1 X Yes 2 No 19 If Yes, Give 19 Yeer or Detes: 10	57-	1 ☐ Yes 2 ☒ No	Specify:		Specify							
9	"natural", or	pe	15. Decedent's Education	n 1.9		edent's Usuel Occu	pation		6b. Kind of Bu	Whi siness/Ind						
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21	ed with yglene. er then	Con	12	4	Ch	nemist		Ţ	J.S. 0	Sover	nment					
and	d off	Be	17. Fether's Neme (First, Middle, Last)				18. Mother's Nam	a (First, Middle, M	eiden Sumem	Θ)						
Maryland 21215-0020	2 should be filed within and Mental Hyglene. Is marked other than raumatic avent, tre M	10	John Kowalski	D-(-4)	401 14 7			Kowalsk								
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re,	is 1 and 2 should be filed within 72 hours after death with the Maryls of Health and Mental Hygiene. Item 27 is marked other than "natural", or ferms 23a or 28a-f show other traumatic event, or a Medical Examiner must be notified at		Dorthy A. Dambra 20e. Method of Disposition	uskas 20t	D. Piece of Disp	osition (Name of	reen Lar	Dete Sout	Oc. Location -	City or Tox	NJ.07080 wn, Stete					
Baltimore,	permit. Pages of Department of Himportant: if its any injury or of once.		1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Remo													
alti	mit. partm porta y Inju			Donetton 5 □ Other (Specify) St. Gertrudes Cemetery Geneture of Funerel Service Licenses 22. Name end Address of Feolity												
m	88 5 8		21. Signeture of Funerel Service Licenses 22. Name end Address of Fecility Williams Funeral Home, P.A.													
			23a. Pert1. Enter the disease, or complication shock, or heart taking. List only one or	M00668 Indian Head Mary land a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac of respiratory errest. Approximate												
	Physician		Great Grid Death													
1	/Medicai Examiner		immediate Ceuse (Fine) disease or condition resulting in death) a.	ORO-P	HAR	YNGI	AL CI	ARCIL	MA		12 21					
		e		Dua to												
	outed ansit	Examiner	Sequentially list conditions	Due to	o (or es e conse	equence of):										
0,	a exe ian ar uriel-t	Ex	Sequentielly list conditions, if eny, laeding to immediata cause. Enter Underlying Cause (Disaase or injury that initieted events		,											
68760,	tificete be executed ig physician and as the buriel-transit	Physician/Medical	that initieted events resulting In deeth) Last	Due to	(or es e conse	quence of):										
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Box	attendin	cian				1.00.001.00 0.00.00	Contract of									
P.O.	that the de led by the s detached t	hysi	Pert II. Other significant conditions contribu	iting to death but not r	rasulting in the	underlying cause gi	iven in Pert i.				the cause of death?					
٣.	es that igned b	by P						1 □ Ye	2 No	3 Prob	ably 4 Unknown					
of Vital Records,	requir been s should	Completed						24a. Wes en perform		eva	ere autopsy findings alieble prior to appletion of cause deeth?					
Ä	The lav ate has page 2	mo						1 🗆 Yes	2 No	1□	Yes 2□No					
/ita		Bec	25. Was case referred to medical exeminer?				26. Place of Deel	h (Check only one	/ .							
of V	Physician: this certific ral director,	ပ္	1 ☐ Yes 2 🔀 No Hosp	ital: 1 ☐ inpatiant 2	☐ ER/Outpetie	AIL SEI DON		ome 5 Resider	ice 6 🗆 Othe	er (Specify)					
ouc	Ing After	00	1 ⊠Naturel 5 ☐ Pending	8e. Dete of Injury (Month, Day Year)	28b. Time (injury	Wo		28d. Describe hov	v injury occum	ed						
Division	the the	licat	2 Accident invastigation 3 Suicide 6 Could not be	8e. Place of Injury - Al	t home farm et		Yes 2 No	28f. Location (Stre	et and Numb	er or Rurel	Route Number					
Οįς	X # = =	Certification:	4 ☐ Homicide determined 2	building, etc. (Spe		ileet, rectory, office		City or Town,		or or marer	riodio ivalliber,					
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edical C	29a. Cartifiar (Check only one) (Check only one) 1 ✓ Certifying Physicia 2 ☐ Msdical Examiner:	n: To the best of my k On the basis of axami end menner steted.	nowledge, dee ineti <i>on</i> end/or in	th occurred et the ti nvastigetion, in my	ime, dete and plece, opini <i>on</i> , daeth occur	and due to the car red at the time, da	use(s) and me a end piace, a	nner es sta and due to	ated. the cause(s)					
	ro the	M	29b. Signeture end title of certifier	0.0		29c. Licen	se number	29	d. Dete signed	i (Month, E	Day, Year)					
	2 - 0		1 V. Anmango	aufler		D	26064		8.	1.96	7					
			30. Name and address of person who comple	ated cause of deeth (II	tem 23a) (Type	, Print)	26064 COTTE	1411 0	1d -	2-0/-	, , ,					
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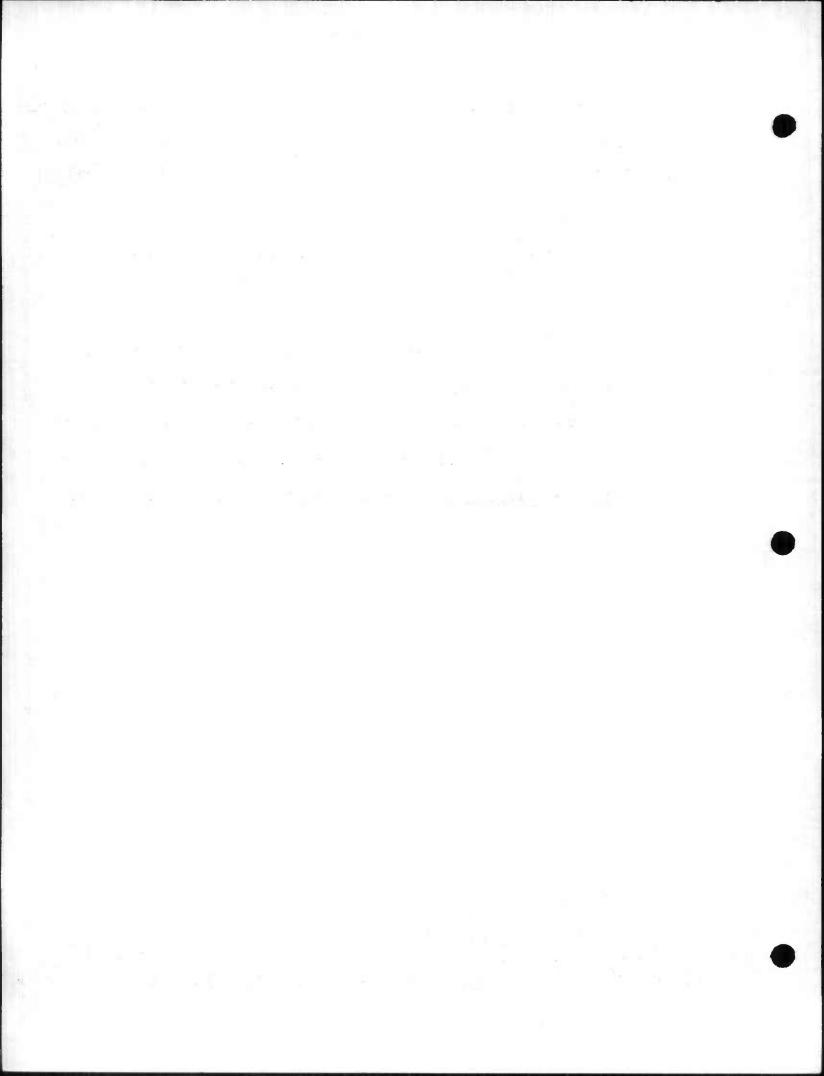
State of Maryland / Department of Health and Mental Hygiene 96 21, 206

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			Physicians	Memorial	Hospital					La P	lata		Char	les		
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Maryland,	2 sh and in m	ľ	19e. informant's Name ROSIE ALII			JSE)		_					City or Town,		Code)	
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	tificate be executed ig physician and as the burle-transit	Examiner	Sequantially list condit	itions,	0.		(or as a cor	sequance o):	1				i		
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of	£ 5 0	-	27. Mannar of Death				28b. Tim		NA	4 MINIS	4		once 8 Oth		/)	
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á	of or Direction	Certification:	4 Homicide	Sotominios	buildir	ng, etc. (Spec	oify)				C	ity or Town	, Stete)			
	To the Hospital or I within 24 hours efter To the Funeral Direct completely filled in b	edical C	Check only 2	Certifying Ph	nner: On the ba	isis of axamir	owledge, de nation and/o	eeth occurre	d at tha ti	me, dete end popinion, daath	place, and du occurred at t	ue to the ca	nuse(s) and ma ata and place,	anner as st and due to	ated. the cause(s)	
	thin 2	Med	one) 29b. Signeture and title		and manr	nar stated.				sa number			ed. Date signe			
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			30. Namilyand address							7 77 7 7	C 150	00000				
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살게 되는 경관 창업에 가장하다 않는 것은 경험하는 그리고 그 그 모모님, 그 회장은 것이라고 모르는 것

State of Maryland / Department of Health and Mental Hygiene 96 24297

						Certi	ficate of	Death			Reg. No.				
			1. Decedent's Nama (First, Middla, Las	st)						2. Data of De		2225	3. Tima of Death		
	Physici		HARVEY FENTON	MYERS	JR.					July	30 1	996	10:00am		
	/Medi		4a. Facility Nama (If not institution, give		<u>*</u>			4h City To	wn orto	ocation of Death	T		10.00am		
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			3032 Marlin Dr				H Hadar 1 Vaer	Riv					undel		
н	Funeral		5. Social Security Number 6. S	ax /.Ag SZM 2□F	ga (In yrs. last bin		If Undar 1 Yaar Months Days		Min.	8. Data of Birt (Month, Da	v. Year)	9. Birth	placa (Stata or Foreign		
	Director		214 16 6263		76	113.				Aug 24	, 1919	Mary	land		
	P 2		Usual Residence of Decedent 10a, State 10b, County		10c. City, Town	0.00	tion						Od In alda Oh i kaika		
	aho d ah	<u></u>				TOT LOOK	11011						10d. Inside City Limits		
	M Page	ctc		rundel	Riva	-							1 ☐ Yas 2 No		
	th the	Director	10e. Street and Number				10f. Zip Coda				10g. Citizen of	What Cour	ntry?		
	th w		3032 Marlin Dr	ive				211	146		US	A			
	be filed within 72 hours efter death with the Meryland nat Hygiene. d other than "natural", or flams 23a or 28a-f ahow avent, the Medical Exeminer must be notified at	Funeral	11. Marital Status	12. Was Dacedant Armed Forcas		13. Wa	s Dacedant of I	Hispanic Orig	gin? (Spi	ecify Yas or No		ca - Amaric	can Indian,		
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	al Hygi	BeC	17. Fathar's Nama (First, Middla, Last)		,			18. Motha	r's Name	(First, Middla,	Maiden Sumar	na)			
an	Mental Mental arked o	To B	Harvey Fenton	Mvers. S	Sr.			Mvrt	tle	Virgi	nia Ca	rr			
5	should be nd Mental marked o umatic av	-	19a. Informant's Name/Ralationship (7			Malling	Addrass (Street						Code)		
Maryland	CI 0		Lois F. Myers			_	Buena								
	os 1 and of Health Itam 27 other tr		20a. Mathod of Disposition	, adagii	20b. Place of			V 15 CC	110	Date	20c. Location				
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altimore,	permit. Pages Department of Important: If I any Injury or once.		4 □ Donation 5 □ Othar (Specify		Metro	poli	tan Cı	remat	ory	8/1/9	6 Ale	xandı	cia, VA		
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×	Physician		23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death												
	/Medicai		Immediata Causa (Final												
	Examiner		disease or condition resulting in death) Due to (or es e consequence of):												
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	es that the death igned by the atte be detached for	Physician	Part II. Other algnificant conditions of	ontributing to death t	out not rasulting in	tha unde	arlying causa gi	iven in Part I.		23b. Dld	tobacco use co	ontribute t	the cause of death?		
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ğ	v require been si should									24a. Was	an autopsy	24b. W	are autopsy findings allable prior to		
Records,	s been 2 shoul	olet							-	porto		CC	mpletion of cause death?		
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Ö,	ate be executed hysician and the burial-transit		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury			4	,						
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Division	or Attending after death. Director: After d in by the fune	Certification:	3 Sulcide 6 Could not datarmine	ha	ury - At home, ter c. (Specify)	rm, street, tacto				28f. Location (Si City or Town	treet and Numb n, State)	er or Rura	al Route Number,
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State Registrar

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Michael Atkins, M.D. 1104 Health DR Salisbury

31. Date filed (Month, Day, Yaar)

32. Registrar's Signatura

ML 29 1996

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Miles Brown Septime

State of Maryland / Department of Health and Mental Hygiene

96 24

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death Month Year **Physician** Margaret L. Nichols 4b. City, Town, or Location of Death /Medical 4a. Facility Name (If not institution, give street and number) 4c. County of Death **Examiner** Elkton Cecil Union Hospital If Under 1 Yeer If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthdey) Birthplace (State or Foreign Country) **Funeral** 1 M XX Months Days Hours 74 Yrs. 233-30-9418 Sep 4, 1921 Director Logan, W VA Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits MD Cecil Elkton 1 ☐ Yes 2 X No Director 2 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? r than "natural", or items 23s or the Medical Examiner must be r 21921 223 Sycamore Rd. USA Funeral Wes Decedent Ever in U,S. Armed Forces? 13. Was Decadent of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Reca - American Indian, Black, White, etc. 11 Maritel Status 1 Yes 2020 of Yes, Give Year or Dates: 1 Never Married 20 Married White 1 ☐ Yes 2 X No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 7 Department of Health and Mental Hygiens. Important: if item 27 is marked other than "n any injury or other trearmatic event, the Med editor. Eiementary/Secondary (0-12) College (1-4or 5+) 8 years Own Home Homemaker 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Surname) Floyd Bland Cleo Farren 19a. Intormant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) James W. Nichols-husband 223 Sycamore Rd., Elkton, MD 20b. Piace of Disposition (Name of cemetery, crematory or other piece) 20a. Method of Disposition Dete 20c. Location - City or Town, Stete 1X Bunal 2 ☐ Cremation 3 ☐ Removel from State 7/31/96 Newark Cemetery Newark, DE. 4 ☐ Dorglation 5 ☐ Other (Specify) 21. Signature of Funeral Septice Licersh 22. Name end Address of Fecility
Spicer-Mullikin Funeral Homes, Inc. Frank C Mayer Jr. 1000 N. DuPont Pkwy., New Castle, 19720 DE 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heert failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Preumoneer Examiner Due to (or as a consequence of): Examiner Bucterines (urosopsis Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence ot): Per Krison LIZE Physician/Medicai 96 Due to (or as e consequence of) Drawer meder Pert II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 8 rigned by ↑ Yea 2 No 3 Probably 4 Unknown à 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? Completed has 1 Yes 2 THO certificate 1 ☐ Yes 2 ☐ No 25. Was case reterred to medical examiner? 28. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 1 Appatient 2 ER/Outpatient 3 DOA Division of ST. 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury et Work? 1 Satural 5 Pending 1 Yes 2 No 2 Accident investigation I or Attend after death Director: 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 4 Homicide 24 hours a Funeral D Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) end manner as steted.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) within 2 To the 29b. Signature and title of cartifier 29c. License number 29d. Dete signed (Month, Day, Year) Jui chil Haw MD 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 223W.MAIN St EIKTON, Md 21921 WI 31. Date filed (Month, Day, Year) 32. Registrar's Signature State

Registrar

JUL 3 1 1996

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. ITEM: 1. PER F'.H. F'ILM G-738 State of Maryland / Department of Health and Mental Hygiene 8/13/96 t.t Certificate of Death 1. Decedent's Neme (First, Middle, Last) CARL HOOVER PELTON 2. Date of Deeth 3. Time of Daeth Month Vaar **Physician** CARL PELTON JULY 20 1996 16:23 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner MEMORIAL HOSPITAL & MEDICAL CENTER CUMBERLAND, MD ALLEGANY If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number 6 Sex 7. Age (In yrs. lest birthdey) Birthplace (State or Foreign Country) **Funeral** 1⊠M 2□ F Months 80 Yrs. Director 212-10-8499 September 25,1915 PA Usuei Residence of Deceden with the Meryland 10e State 10b County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examinar must be notified at 1 Yes 2 No Director MD Garrett 0akland 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 414 North Fourth Street 21550 Funeral death 12. Wes Decedent Ever In U,S. Armed Forces? 1 ⊠ Yes 2 □ No If Yes, Give Year or Detes: 13. Wes Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bieck, White, etc. 11. Meritei Stetus parmit. Peges 1 and 2 should be filed within 72 hours after c Department of Health and Mentel Hygiene. Important: If item 27 is marked other than "natural", or iter eny injury or other traumatic event, the Medical Exercities once. 1 ☐ Never Merried 2 X Married 1 ☐ Yes 2 ☒ No Specify: 2 Specify 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedant's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15 Decedant's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Elementery/Secondary (0-12) College (1-4or 5+) 12 Retail Clothing Buver 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Charles R. Pelton Rhoda B. Weller 19a. Informant's Name/Reletionship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Evangeline Pelton 414 North Fourth Street Oakland, MD 20e. Mathod of Disposition 20b. Plece of Disposition (Name of cometery, cremetory or other plece) 20c. Location - City or Town, Stete Date 1 Bunei 2 □ Cremetion 3 □ Removel from Stete 4 ☐ Donation 5 ☐ Other (Specify) St. Thomas Fpiscopal Cemetery 7/24/96 Hancock, MD 21. Signature of Funeral Service Licenses 22. Name end Address of Fecility Grove Funeral Home, P.A. P.O.Box 368 Hancock, MD 21750 23a. Pert1. Enter the disease, or complications the clused the shock, or heart feilure. List only see ceusely neech line. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximete Interval Between Onset end Deeth Physician /Medical Immedieta Cause (Finel disease or condition resulting in deeth) e Cervical myelopathy, C 2 3 days Examiner Odontoid fracture with dislocation 3 days certificate be executed the buriel-transit Sequentielly list conditions, if any, laading to immadiata ceuse. Enter Underlying Cause (Diseese or injury that initieted evants resulting in deeth) Lest end TIA with syncope ettending physiclan Physician/Medicai Due to (or es e consequence of): 85 950 lo ed by the e Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t d be detech Post CVA two years 2 No 1 Yes 3 Probably 4 ☐ Unknown Š 24b. Were autopsy findings available prior to completion of cause of death? Completed 24e. Wes an autopsy performed? peen Atrial fibrillation page 2 hes certificate 1 Yas 1 ☐ Yes 2 ☐ No Physician: 25. Wes cese referred to medicei examiner?

1 Yas 2 No Be 26. Pleca of Deeth (Check only one) Hospitel: 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) this 28e. Dete of Injury (Month, Day Year) funeral 27. Mannar of Deeth 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury at Work? Attending After Netural Accident Injury 5 Panding 1 Yes 2 No investigation July 17 1996 1:00PM patient fell down stairs filled in by the 3 Suicide 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Plece of Injury - At home, ferm, streat, fectory, office building, etc. (Specify) 4 | Homicide residence 414 N 4th St Oakland Md 21550 1 Certifying Physician: To the best of my knowledge, daeth occurred et the time, dete end piece, and due to the ceuse(s) and menner es steted.

Medical Examinar: On the basis of examinetion end/or invastigation, in my opinion, deeth occurred at the tima, date and piece, end due to the ceusa(s) my mannar steted. 29e. Certifier Medical

P.O. Box 68760, Records, Division of Vital To the Hospital or Attendir within 24 hours after deeth. To the Funeral Director: Al

Saltimore, Maryland 21215-0020

ama and address of person who completed causa of daath (Item 23a) (Type, Print) Paul Snow, M.D.

31. Data filed (Month, Day, Year) State 3 1996 AUG 1 Registrar

29b. Signature and title of certified

124 w 3rd st Cumb MD 21502 seistrer's Signature

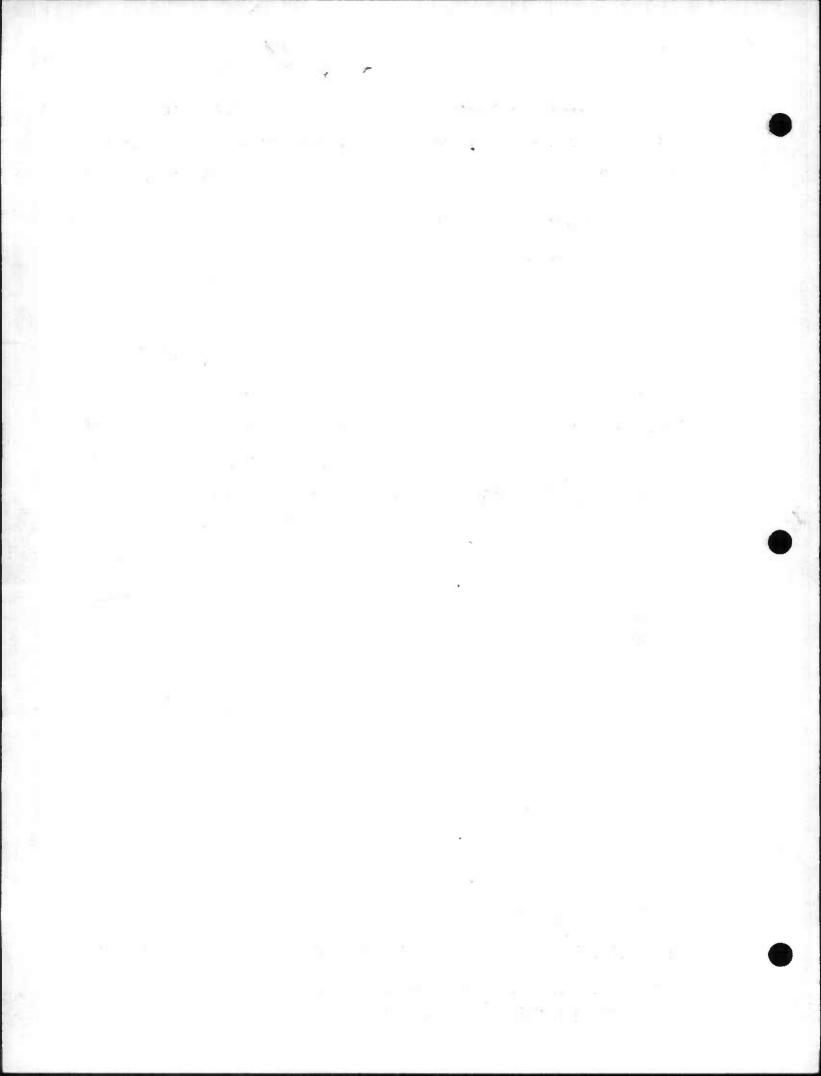
Dpty Med Ex

29c. License number

D 09157

29d. Dete signed (Month, Day, Year)

July 20, 1996



1 WEEK

24b. Were autopsy findings aveileble prior to completion of cause of death?

1 Yes 2 No

Funeral Director

288-4 show

with the Maryland

Director Funeral by

Completed Be

7 is marked other than "natural", or liems 23a or 28a-f shot traumade event, the Medical Examiner must be notified at death permit. Peges 1 and 2 should be filed within 72 hours efter lobepartment of Health and Mertal Hygiene. Important: If item 27 is marked other than "natural", or the eny injury or other traumatic event, If a Mexical Engine any ir

Baltimore, Maryland 21215-0020

Physician /Medicai Examiner

Physician/Medical Examiner

by

Completed

Be

P

Certification:

Medical

attending physician and for use es the buriel-transit The law requires that the death certificata be executed Division of Vital Records, P.O. Box 68760 signed by the a d be deteched f peen page 2 s this certificate or Attanding Physician: director, funeral After To the Hospital or Attandir within 24 hours after deeth.

To the Funeral Director: At completely filled in by the fu

1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth ^{Dey}1996 AUGUST 3, **HELEN** LOUISE **PONTON** 1:58 AM 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death SOUTHERN MARYLAND HOSPITAL PRINCE GEORGE'S CLINTON If Under 1 Yeer Months Deys Hours Min. 8. Dete of Birth (Month, Day, Year) 9. Birthplece (State of Country) MARCH 22, 1919 LOUISIANA 5. Social Security Number 7. Age (In yrs. lest birthdey) 9. Birthpiece (State or Foreign Months 1 M 2 XF 579-10-6946 Usuei Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No MARYLAND **CHARLES** WALDORF 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 2225 SANDALWOOD DRIVE 20601 UNITED STATES 12. Wes Decedent Ever in U,S.
Armed Forces?
1 (1) Yes 2 □ No 1943If Yes, Give
Yeer or Dates: 1945 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 Never Married 2 Merried 1 Yes 2 No Specify: 3 X Widowed 4 ☐ Divorced 1945 WHITE 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life, DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) ADMINISTRATIVE OFFICER DEPARTMENT OF NAVY 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) ROBERT BLUME **BLANDINA HAID** 19e. informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) BARBARA A. SCOTT - DAUGHTER 2225 SANDALWOOD DRIVE, WALDORF, MARYLAND 20601 20b. Piece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete MARYLAND VETERANS CEM. AUGUST 7, 1996 CHELTENHAM, MD 4 Donewor 5 Other (Specify) THE HUNTT FUNERAL HOME, INC. MARK G. BROHAWN M00053 P.O.BOX 156, WALDORF, MARYLAND 20604 Approximete Intervat Between Onset end Death 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heart feiture. List only one ceuse on each line. immediate Cause (Finel disease or condition resulting in deeth) PULMONARY EMBOLISM 1 DAY

Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last

Due to (or es a consequence of): DEEP VEIN THROMBOSIS Due to (or es e consequence of): Due to (or as a consequence of)

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. **CELLULITIS**

RENAL INSUFFICIENCY

HYPONATREMIA 25. Wes case referred to medical exeminer?

1 Yes 2 No 27. Menner of Deeth 1 Neturel 5 Pending investigation 2 Accident

6 Could not be determined

Hospitel: 1 M Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Dete of injury (Month, Day Year)

28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28b. Time of

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28c. Injury et Work? 1 Yes 2 No

26. Piece of Deeth (Check only one)

28d. Describe how injury occurred

24e. Wes an autopsy performed?

1 Yes

28f. Location (Street and Number or Rural Route Number, City or Town, State) 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pieca, end due to the cause(s) end menner as stated.

2 Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, and due to the cause(s) end menner steted.

2 No

29b. Signeture and title of cartifier

3 ☐ Suicide

29e. Certitier

4 Homicide

(Check only one)

ATTENDING

29d. Dete signed (Month, Day, Year)

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Nunknown

D-44436

29c. License number

AUGUST 3, 1996

and address of person who completed cause of deeth (item 23e) (Type, Print)

ASHVÌNKUMAR J. PATEL, MD, 603 POST OFFICE RD., #207, WALDORF, MARYLAND 20602

State Registrar 31. Date flied (Month, Dey, Year) AUG 0 6 1996 32. Registrer's Signeture Jalia Davidson Reveall

A P G TO S TO S THE THE REPORT OF THE STATE OF THE

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q.6. 21, 2.0.3

				State of Ma	arylariu		tificate of		nu Mentai ny	Reg. No.) \(\(\)	4303		
	Physic /Medi		1. Decedent's Neme (First, Middle, Last) Ida Cecelia Pi						2. Dete of D Month 0.8 - 0	Dey 3-96	Year	3. Time of Death 08:25 AM		
	Exami		4e. Fecility Nema (If not institution, giva : 18884 Wicomico		Road				n, or Location of Dee Island					
	Funeral Director			7. Age	a (In yrs. les 88	t birthday) Yrs.	If Undar 1 Yaar Months Days		8. Data of Bi (Month, D Feb.	irth ey, Year) 21 1908	9. Birthp	laca (Steta or Foreign try) ash. DC		
П	/and	-	Usuel Residence of Decedent 10e. Stete 10b. County		10c. City, T	Town or Lo	cation				1	Od. Inside City Limits		
	e-fah	ctor	MD Charles Cobb Island									1 ☐ Yae 2 ☑ No		
	or 28	Director	10e. Streef and Number				10f. Zip Code			10g. Citizen of V	10g. Citizen of Whet Country?			
	eath v	Funerai	18884 Wicomico	River D:		13.1	206		n2 (Chooite Vas or N	U.S	an indian			
020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any folury or other traumatic event, the Medical Exacting frust be indiffed at once.	þ	1 Nevar Married 2 Merried 3 Widowed 4 Divorced	Armed Forces? 1 ☐ Yas XXN If Yes, Give Year or Detes:	es? If Yes, specify		f Yes, specify Cub		n? (Specify Yas or N Puerto Rican, etc.)					
15-0	72 ho	eted	15. Decedent's Educ (Specify only highest grade	cation completed)	1	18e. Deced	lent's Usuel Occu	pation during most o	of working	16b. Kind of B	usiness/ind	dustry		
Baltimore, Maryland 21215-0020	led within hygiene. her than nt, the Me	Completed	Elementery/Secondery (0-12)	Coilege (1-4or 5	+)	Home	kind of work done DO NOT use retire emaker				me			
and	d be fi	Be c	17. Father's Neme (First, Middle, Last) Gustave L. Glot	zbach				100	A.nee C			ntzhach		
ary	and Moul	J.	19e. Informent's Neme/Reletionship (Ty)			19b. Mellin	g Address (Street	end Number	or Rural Route Numi	ber, City or Town,	Stete, Zip	Code) 20625		
Σ,	and 2 ealth a n 27 is		Robert E. Pike					ico Ri	lver Dr.			•		
imore	Pages 1 nent of H ant: If ite ury or off		20a. Method of Disposition 1 Burial 2 □ Cremetion 3 □ R □ Donation 5 □ Other (Specify)	amovei from Stete	cam	etery, cren	sition (Neme of netory or other pla ost Cem	-	Deta 3/6/96	Issue,		wn, State		
Balt	permit. Departi Importi any Inj		21. Signefure of Funerel Sarvice License	d10	00945	A F	Name and Addre CHART -	ECHOLS	FUNERA LaPlata,	L HOME,	INC.	•		
			23a. Pert1. Enter the disaase, or compleshock, or heert fellure. List only on	- 0								Approximata intarvai Between		
	Physician /Medical Examiner		Immediete Ceuse (Finel disease or condition resulting in deeth)	CANG			THE	BLA	ADDER			Onset and Deeth		
	D E	ner			Due to (or e	s a conseq	uence of):							
oʻ	ificate be anacuted g physician and as the burial-transit	Examiner	Sequantially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury	I	Due to (or es	s e conseq	uenca of):				3			
x 68760,	entificate by ling physic e as the bi	Medical	that initieted events rasulting in death) Last		Dua to (or as	a consequ	uence of);							
Box	eath certific attending p	clan							2		1			
, P.O.	v requires that the de been signed by the s should be detached	y Physician/N	Pert ii. Other eignificant conditione con	tributing to death bu	t not resultir	ng in the ur	ndarlying ceuse gi	ven in Pert I.				the cause of death?		
Records,		Completed by							24a. Wei	s an autopsy ormed?	CO	ere eutopsy findings allable prior to appletion of cause death?		
	The ata h	Com							10	Yes 20 No	10	Yas 2□ No		
Vita	Physician: r this certific ral director,	Be	25. Wes case referred to medical examiner?	annitel:			Out		f Deeth (Check only	one)				
	Physic this c	5	1 ☐ Yes 2 ☐ No	ospitel: 1 inpatier 28e. Dete of injur		Outpatien	3LI DUA		ing Home 5 Res	how injury occur)		
on	5 5 5	ation	1 Natural 5 Pending invastigation	(Month, Dey	Year)	injury	28c. Inju Wo M 1	rk? ∣Yes 2⊡ No	14.5	non injury cocum				
Division of		Certification:	3 Suicide 6 Could not be determined	28e. Pieca of inju building, etc	ry - At home (Specify)	y - At home, ferm, street, fectory, office			28f. Location City or To	28f. Location (Street and Number or Rural Routa Number, City or Town, Stete)				
	To the Hospital o within 24 hours af To the Funeral Di completely filled in	edical C	29e. Certifier (Check only one) 1 Certifying Phys 2 Medical Examin	ician: To the best of er: On the basis of end menner stel	axamination	dge, deeth and/or inv	occurred at the fi estigetion, in my	me, dete end popinion, daafh	plece, and due to the occurred af the tima	ceuse(s) end me date and placa,	enner as si and due to	ated. the cause(s)		
	To the Vithin To the Comp	W	29b. Signafura and fittle of certifier **LOCAL**	M.	160	ln	29c. Licens	se number	2	29d. Defa signed	d (Month,	Day, Year)		
			30. Name and address of person who con	mpleted cause of de	eth (item 23		Print) (a	Plat	ar	val . 2	106	546		
	Sta	te	31. Dete filed (Month, Day, Year)	32. Registre	r's Signeture	9								

Registrar

AUG 0 6 1996

Jalia Davidson Rardall

State of Maryland / Department of Health and Mental Hygiene 96

24304

			AMENDED #5, WCHD	08/08/96 P	JS	Cert	tificate of	Death			Reg. No.			
			1. Decedent's Neme (First, Middle, Li	ast)			0			2. Dete of De		V	3. Time of Death	
	Physic		Naomi Isabella P	olk			K	an Ks		Month	29	996	1038	
Car	/Medi Exami		4e. Fecility Neme (If not institution, gi					4b. City, To	wn, or L	ocation of Death	4c. County	of Deeth	1000	
	Exami	ici						-	f Death 4c. County of Deeth WICOMICO					
			PENINSULA REGION		(In yrs. last bin	th/dev1	Il Under 1 Yeer		JISBU 24 Hrs.		-			
	Funeral		213-22-4993	1 M 2 SF		Yrs.	Months Deys	Hours	Min.	Dec 30	y, Year)	Cour	plece (Stete or Foreign	
	Director		212-22-4993 Usuel Rasidence of Decedent		07	111				Dec 30,	, 1720	Mary	Idna	
	and *		10e. Stete 10b. County	1	IOc. City, Town	n or Loc	ation					1	10d. Inside City Limits	
	ah a	5	Adams Is well										1 ☐ Yes 2 🗷 No	
	N 2 1	of the		omico	Eden)	T							
	72 hours after deeth with the Maryland naturel*, or items 23a or 28s-1 show dicel Examine must be notified at	Director	10e. Street end Number			10f. Zip Code			1	10g. Citizen of	Whet Cour	itry?		
	23a		3886 S. Upper Feri	y Road			21822	>			USA	4		
	de F	Funeral	11. Maritel Stetus	12. Wes Decedent Ev Armed Forces?	er in U,S.	13. W	les Decedent of	Hispanic Or	igin? (Sp	ecify Yes or No	- 14. Rac		can Indien,	
0	or it		1 ☐ Never Merried 2 ☐ Married	1 Yes 2 No		Il Yes, specify Cuben, Mexican, Puert 1 ☐ Yes 2 ☒ No Specify:			r thousand orderly		Bleck, White, etc.			
Maryland 21215-0020	Sur Sur	þ	3 ☑ Widowed 4 ☐ Divorced	Yeer or Detes:		1 ☐ Yes 2 ☒ No Specify:					Specif	Africe	an America	
9	72 hours "naturel",	Completed	15. Decedent's E	ducation	16e.	Decede	ent's Usuel Occu	pation	4 -4	m. I	16b. Kind of B			
2	- 10	ple	(Specify only highest gr Elamentary/Secondary (0-12)	Collega (1-4or 5+)		life. D	ind of work done O NOT use retin	ed)	I OF WORK	ang				
2		0		+1		laborer					Campbe	ID. INC.		
g	be filed tal Hygid d other event, II	Bec	17. Fether's Neme (First, Middle, Las	1)		18		18. Mothe	18. Mother's Neme (First, Middle,				P/ III	
<u>a</u>	0 0 0	To B	Clarence Gilbert I		Rosa			Anna Jones						
7	d 2 should th and Men 7 is marke traumatic	-	19e. Informent's Neme/Ralationship		19b	Mailing	Addrass (Stree					State 7in	Code)	
2	128										on, only or round	, 0,0,0, 24		
a)	- P E E		Jacqueline Banks J	ones/daughte	20h Plece of		as above			Dete 20c. Location - City or Town, Stete			our State	
Ö			1 ☐ Burial 2 ☐ Cremetion 3 [Removel Irom Stete	20b. Pleca of Disposition (Name of cametery, cremetory or other piece)					Dete 20c. Location - City or Town, Stete				
E	Pe men ant:		4 Donation 5 Other (Speci		Friends	ship	Church	Cemet	tery	8/03/96	Allen,	Mary	land isbury, MD	
Baltimore,	pemit. Peges Department of Important: If it any injury or once.		21. Signature of Funeral Service Lice	nose		22.	Neme end Addr	ess of Fecili	ty T2	13 Jerse	y Road	- Sal	isbury, MD	
m	88558		Hoters	16 hllo	11	101	lley Men	oorial	Cha	201			21801	
	_		23e. Part1. Enter the diseese, or con shock, or heert feilure. List only	nplicetion of that caused th	ne/deeth. Do n	not ente	the mode of dv	ing, such as	cardiec	or respiretory e	rrast.		Approximata	
	Dharatatan		shock, or heert feilure. List only	one cause on each line.	1		,						Intarval Between Onset and Deeth	
)	Physician /Medical		Immadiate Ceuse (Finel	C	(1		1	10	.1.	1 "		1		
	Examiner		diseese or condition resulting in deeth)	e. Compete	4 Hi	ear	block &		J Pe	eusion		-	few hours	
		7	Dua to (or as a consequance of):									C		
	pa tis	/Medical Examiner		Serve	Triple	Vca.	sol com	rany of	man	c por	TL.V	1	240	
	tificate be executed g physician and as the burial-transit	кап	Sequentially list conditions,	0				T.	1,					
Ö,	e ex	Û	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury thet initiated events resulting in deeth) Last Due to (or es a consequence of): Due to (or es e consequence of):										7	
68760,	sertificate be execuding physician and se as the burial-trains	Ilca										1		
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m .	es that the death or igned by the attent be detached for up	Physician	Part II. Other significant conditions	contributing to death but	not resulting in	the un	derlying cause g	iven in Pert		23b. Did tobacco use contribute to the cause of d				
0	the sy th	hys	04.4							1 Yee 2 No 3 Probably 4				
	that ded t									1 Yee 2 No 3 Probably 4			DEDIY 4 ONKNOWN	
Records,	law requires that the les been signed by the 2 Should be detach	d by	M	Mentenson						24a Mas	en autopsy	24h W	ere autopsy lindings	
Ö	been si should	Completed	A	20 tames							rmed?	av	reliable prior to empletion of cause	
e	hes the second	ď											death?	
	The la	o								10	Yes 20 No	1[☐Yes 2☐ No	
of Vital	certificate rector, pag	Be	25. Was case rafarred to medical					28. Plece	of Deat	th (Check only o	one)			
>	Physician: this certific ral director,	To	axeminer? 1 ☐ Yes 2 X No	Hospitel:	2 ER/Ou	toatient	3 DOA O	ther:			denca 8 Oth	ner (Specil	(v)	
ō	Phi seral		27. Mannar of Deeth	28a. Deta of Injury	28b. T	ime of	28c. Inju				how injury occur		"	
6	After After	100	1 Naturel 5 ☐ Pending 2 ☐ Accident Investigation	(Month, Day Y	rear) Ir	njury		ork?]Yes 2.∐	No					
Division	Attending or death.	Certification:	3 ☐ Suicide 6 ☐ Could not b		- At home fe	rm etro				28f Location (Street and Numi	her or Run	el Route Number	
\leq	after after Direct Jin by	Ŧ	4 Homicide datamined	building, atc.	28e. Pleca of Injury - At home, ferm, street, lectory, office building, atc. (Specify) 28f. Location (Str. City or Town,									
	To the Hospital or Attending Physician: Within 24 hours after death. To the Funerel Director: After this certific: completely filled in by the luneral director,		29a. Certifier 110 Certifying Pt	S 11 1										
	To the Hospital within 24 hours To the Funeral completely filled	edical		nyelclan: To the best of r miner: On the besis of ex	ceminetion end	, daath d d/or inve	occurred at the t estigation, in my	opinion, das	ith occur	end due to the red at the time,	dete and place,	end due to	tated. o the cause(s)	
	the special	Med	(344)	end menner stete	d.									
	5 1 × 100	-	29b. Signature and tale of certifier					ise number	- /		29d. Dete signe			
			1 / 34=	Jane (1718	/		1/29	196		
		13	30. Nama and eddress of person who	complated cause of dee	th (Item 23e) (Type, P	rint)					· · ·		
			BAL AGARWAL	614 0	EAST	ENN	rint) SHOPE	DR.	SA	LISOVIU	MO	2/801	1	
	Sta	ite	31. Dete filed (Month, Day, Year)	Julia Begistrer's	s Signature.	4		- 11	-,-	71	-			
	Registi		AUG 01 1996	Julia attentes	or hardel	4								
	~			0										



Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene $9\,6$

						Certifi	cate of	Death		Reg. N	lo.			
			1. Decedent's Name (First, Middle, Le	ist)					2. Date of			V	3. Time of Death	h
	Physici /Medic		Estelle M. Rochester									Year 996	5:12 p	m
	Examir		4. Ch. Tourney leasting of Dooth										111	
			Magnolia Hall	l Nursing H	lome			Cheste	rtown		Ken	t		
Г	Funeral		The state of the s	-	(In yrs. lest bir		Under 1 Year onths Days		Hrs. 8. Date o	f Birth , Dey, Yea	(r)	9. Birthpl Count	ece (Stete or Fore	eign
н	Director		219-07-6819	1□M 2対F	82	Yrs.				26,			MD	
	pug *		Usuel Residence of Decedent 10a. Stete 10b. County		10c. City, Tow	n or Location	n					10	Od. Inside City Lim	nite
	faryla sho	5	MD Kent			k Hal						1	1 ☐ Yes 2 🔀 i	
	n the Maryland r 28a-f show	Director	10e. Street end Number							100 0	Nizon of Mi	hat Count		
	with w			1		10		(1		log. c	Citizen of WI		ryr	
	eath	Funeral	21450 Berryman Ro	ver in U.S.	13 Was I	216		n? (Specify Yes o	r No-	U.S.A.				
	Her d	들	1 Never Merried 2 Merried	Armed Forces? 1 ☐ Yes 2 ☑ N	-	if Yes	s, specify Cub	en, Mexican, F	uerto Rican, etc	.)		, White, e		
020	urs a	þ	3₺ Widowed 4 Divorced	If Yes, Give Year or Detes:		1 🗆 Y	1 ☐ Yes 2 ☒ No Specify:				Specify:	B1	ack	
Maryland 21215-0020	within 72 hours after death with the Maryland ena. than "natural", or items 23a or 28a-f show ha Mooical Exert her must be incrited at		15. Decedent's E	ducation	16a.		cedent's Usuel Occupation ive kind of work done during most of working				Kind of Bus			
215	hin 7	Completed	(Specify only highest gri	ede completed) College (1-4or 5-	١,	(Give kind life. DO N	of work done IOT use retire	during most o ed)	f working					
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pu	al Hygid other	Be (17. Fether's Neme (First, Middle, Last	")				18. Mother's	Neme (First, Mi	ddle, Maide	, Maiden Sumeme)			
yla	Ment Ment Ment Ment Ment Ment Ment Ment	2	Frank Hawkins Susie							olas				
lar	12 should be in and Mental I is marked of raumatic eve		19e. informent's Neme/Relationship	,		-	,		or Rural Route N				Code)	
2,	of Heelth of Heelth of Heelth of Heelth or other tra		Desiree Roches	ster				Drive,	Rock Ha	11, 1	4D 216	61		
ore	ges 1 and 2 should be filed within 72 hours after death with it of Heelth and Mental Hygiens. If item 27 is marked other than "natural", or items 23a or or other traumatic event, the Mexical Exercises found to		20e. Method of Disposition 13∑ Burial 2 ☐ Cremetion 3 ☐	Removei from State	20b. Plece of cemeter	f Disposition ry, cremator	n (Neme of ry or other pla	ice)	Dete	20c.	Location - C	City or To	vn, Stete	
tim	Pages ment of I ant: If its lury or of		4 ☐ Donetion 5 ☐ Other (Special		Aaron	Churc	h Ceme	etery	8/1/96					
Baltimore,	permit. Page Department of Important: If i any Injury or ance.		21. Signeture of Funerel Service Licensee 22. Name and Address of Fecility James A. Perkins Fu 21. Signeture of Funerel Service Licensee 22. Name and Address of Fecility James A. Perkins Fu 21. Signeture of Funerel Service Licensee											7ic
ш	205 # g		fames D.	anisares		2110	6 Rock	Hall .	Ave., Ro	ock Ha	all, M	ID 21	661	
			23a. Pert1. Enter the disease, or com shock, or heert feilure. List only	plications thet caused one ceuse on each lin	the deeth. Do r	not enter the	e mode of dy	ing, such as ca	rdlec or respireto	ry errest,			Approximete Interval Between	-
	Physician											1	Onset and Deeth	
1	/Medical Examiner		Immediete Ceuse (Finei disease or condition resulting In deeth)	· cAnc	yeury	00	F TO	125 60	46-					
		7	resulting in death)	1	Due to (or es e	consequenc	e of):					i		
_	pei jisi	Examiner	b											
	and al-trar		Sequentially list conditions, if any, leading to immediate (any, leading to immediate cause. Enter Underlying									į		
68760,	eeth certificate be axecuted attending physician and for use es the burial-transit		Ceuse Disease or injury C.											
89	ficate p physicate se the	edicai	Due to (or as a consequence of):											
Вох	nding use	M	d											
m.	ires that the deeth ca signed by the attend d be detached for us	Physician/	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.								3b. Did tobacco use contribute to the cause of death			
P.O.	t the by th	hys	To the one of the original of							1 Yes 2 No 3 Probably				own
S, F	gned on de	by F												
ord	law requires that the les been signed by the 2 should be detache	Pe								Was an autoerformed?		24b. We	re autopsy finding)s
SC	aw re ss be 2 sh	pie										con	npletion of cause leath?	
æ	The lav ate hes page 2	Completed								i □ Yes	aZiNo	1 🗆	Yes 2□ No	
ital		Bec	25. Wes case referred to medical					26. Plece of	f Deeth (Check o		,			
of Vital Records,	Physician: r this certific ral director,	To	exeminer? 1 ☐ Yes 2 ☑ No	Hospitai: 1 ☐ Inpatier	nt 2 ER/Ou	tpatient 3l	□ DOA Ot	her: 4 Nursi	ing Home 5□1	Residence	8 Other	r (Specify)	
0	ig Phys ter this neral di		27. Menner of Death 1 A Netural 5 ☐ Pending	28e. Dete of injury (Month, Dey		Time of njury	28c. Inju Wo	ry et	28d. Desc	ribe how In	jury occurre	d		
Sio	Attending or death. ector: After by the fune	atic	Z□Accident investigatio	n		N		Yes 2 No						
Division	or Attending after death. Director: After In by the fune	Certification:	3 ☐ Suicide 8 ☐ Could not be determined	28e. Plece of Inju building, etc.	ry - At home, fe (Specify)	rm, street, fe	ectory, office		28f. Locati City o	on (Street or Town, Ste	en <i>d Numbe</i> ete)	r or Rurai	Route Number,	
Δ	ttal or ral Dir iled in			82										
	To the Hospital or Attending Phy within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edicai	(Check only 2 Madical Exam	nysician: To the best of miner: On the basis of	exeminetion and	, deeth occu d/or Investig	urred et the ti ation, in my	me, dete end popinion, deeth	olece, and due to occurred et the ti	the cause me, dete e	(s) end men ind place, ar	nar as stond due to	ited. the cause(s)	
	the thin 2 mple	Med	one) 29b. Signeture engl title of certifier	and manner stet	ed.	-	29c. Licen	ee number		20d F	Date signed	/Month I	Jay Vasel	
	7 ¥ 7 8		Signature on Continer	4.	_			38-28			7-30			
			Jec.	of r				DOCT			' "	16	1	
		5	30. Name and address of person who John C. Seigmour I	WIND I 7	ein (item 23a) ((Type, Print)	LADE	- Olan	clouts	NA C	71	620		
	Sta		31. Dete filed (Month, Day, Year)	32, Registre	r's Signeture	NO. J	Julie 5	5 Crie	Pict 10M	1 Inch	1 4	W 20	/	
	Registr		JUL 30 '96	gira De	widson-R	andelle			stertows					

D.

State of Maryland / Department of Health and Mental Hygiene 96 24306

						Certificate d	of Death		Reg. No.			
		,	1. Decedent's Neme (First, Middle, L	ast)				2. Dete o	f Deeth	Vees	3. Time of Deeth	
	Physic /Medi		Delila Mae	Robinson				July	29, Dey 19	9 6	14:15	
	Exami		4e. Facility Neme (If not institution, gi					own, or Location of D		y of Death		
			Kent & Queen	Anne's Co.	Hosp			stertown	Ken	t		
	Funeral Director		5. Social Security Number 6. 213–42–0793 Usuel Residence of Decedent	1 N 477 E	In yrs. last birtl	Months De		Min. (Month	f Birth , Dey, Year) 1 22, 1904	9. Birthp County 4 Ma	olece (Stele or Foreign ntry) ryland	
	Pud Man		10a. Stete 10b. County	1	0c. City, Town	or Location				1	10d. Inside City Limits	
	Mery	Ö	Maryland Quee	n Annes		Crumpton					No. 2 No.	
	28e	Funeral Director	10e. Street end Number			10f. Zip Cod	е		10g. Citizen of	Whet Cour	ntry?	
	3a o	0	209 4th Street			2	1628		II !	S.A.		
	death	ner	11. Meritel Status	12. Wes Decedent Eve	er In U,S.	13. Wes Decedent	of Hispenic Or	igin? (Specify Yes o	r No- 14. Red	ce - Americ		
Maryland 21215-0020	Jamihin 72 hours after death with the Maryland jiene. I then "natural", or items 23s or 28s-f show tre Wadical Examiner must be notified at	þ	1 ☐ Never Merried 2 ☐ Married 3 ØWidowed 4 ☐ Divorced	Armed Forces? 1 ☐ Yes 2 2 2 3 No If Yes, Give Yeer or Detes:			f Yes, specify Cuben, Mexican, Puèrio Rican, etc.) ☐ Yes 25(No Specify:			ock, White, by: Wh	white	
5-0	72 hours natural',	ete	15. Decedent's E (Specify only highest gi	ducation rade completed)	16e. l	Decedent's Usuel Oc Give kind of work do	cupation ne during mos	st of working	16b. Kind of B		•	
121	righin Pan	Completed	Elementary/Secondery (0-12)	College (1-4or 5+)		(Give kind of work done of life. DO NOT use retired Sales Clerk				Depa	partment	
7			17. Father's Neme (First, Middle, Las	41	5	ales Cler		- 4- 64 /FI4 - 84'	Store	-7.0		
and	S a b s	Be		•				er's Neme (First, Mid		ne)		
Ž	d 2 should be the and Mentel I is marked of traumatic eventered	10	James Henry Melv 19e. Informent's Neme/Reletionship		404	Adallian Address (Oder		ie Edith I		06.6. 75	0-41	
<u>s</u>			Mary Carolyn Hop			Melling Address <i>(Str</i> 9 4th Str						
	is 1 and 2 of Health a item 27 is other train		20e. Method of Disposition	KIIIS/Daugiite	20b. Plece of	Disposition (Neme of		Dete Dete	20c. Location			
Baltimore,	permit. Pages 1 and Department of Heal Important: If Item 2 any injury or other once.		1 ☑ Buriei 2 ☐ Cremetion 3 [cametery	, cremetory or other	plece)					
	rtme rtant		4 Donetion 5 Other (Special Service Lice		Chester	22. Neme end Ad			1996 Cent	revil	le, Maryland	
Ba	Depariment Important		N - A	1.00.		Fellows, H	elfenbei	n & Newnam 1	Ameral Home	, P.A.		
			Hary B	Illow	5	130 Speer 1	Road, Ch	estertown, 1	faryland 216	520		
			23a. Pert1. Enter the obstane, or con shock, or heart failure. List only	one cause on each line.	e deeth. Do no	ot enter the mode of	dying, such as	cardiec or respireto	ry arrest,		Approximete Intervel Between Onset and Deeth	
	Physician /Medicai		Immediate Cause (Final	Pan	-	ip "				-		
	Examiner		diseese or condition resulting in deeth)	0.	Charles Control							
		ē		Du	e to (or es a co	onsequenca of):				i		
	icate be executed physician and s the buriel-transit	Examiner	Sequentially list conditions,	b	e to for as e co	onsequence of):				1		
o,	certificate be executed nding physician and use as the buriel-transit											
68760,	ysici	Medical	Cause (Disease or Injury that initiated events resulting in death) Last Due to (or es a consequenca of):									
	5 O 6	Med										
Box	eath cert attendin I for use	d										
	the death by the atter	Physician/	Pert II. Other significant conditions	contributing to death but n	ot resulting in	the underlying cause	given in Pert	l. , 23b.	Did tobacco use co	ontribute to	o the cause of death?	
0.0	that the de ed by the detached	Phy	(1) Admanie	a Heres	(2) C	honic	Brown	chiles"	1□Yes 212No	3 Pro	bably 4 Unknow	
	8 5 8	þ	Orrigination	- 0								
Records,	v require been si should	Completed	3) 1/x of m	eigs Syn	rdio	me			Was en eutopsy periomed?	ev	ere autopsy findings elleble prior to	
9	× 0 0 ×	ple		70							empletion of cause death?	
<u> </u>		Con		V				1	Yes 2₽No	1[☐ Yes 2☐ No	
Vital	ysician: The s certificate director, pag	Be	25. Was case referred to medical examiner?					e of Deeth (Check o	nly one)			
ot	2 0	2	1 Yes 2 No	Hospitel: 1 1 Inpatient		Datient SLI DOA		ursing Home 5 ☐ F			<i>y</i>)	
2	tending Ph leath. tor: After th the funeral	-CO	27. Menner of Deeth 1 DNeturel 5 □ Pending	28e. Dete of Injury (Month, Dey Y	ear) 28b. Ti		njury at Work?		ibe how injury occur	red		
Division	or Attending efter death. Director: After d in by the fune	Certification:	2 Accident investigetion 3 Sulcide 6 Could not to	20			Yes 2		an /Chunch and Alven	has as Dun	I Doute Mumber	
\leq		T.	4 ☐ Homicide determined	building, etc. (- At home, ten Specify)	n, street, fectory, offi	Ce		on (Street end Num Town, Stete)	or Hurs	Il Houte Number,	
	To the Hospital or Within 24 hours effe To the Funeral Dir completely filled in		29e. Certifier 1P Certifying P	husialan. To the best of a	be and a dec	double accounted at the	Mana data as	ad alone and due to	the serves (a) and m		And and	
	Hospita 24 hours Funeral	edical		hysician: To the best of m miner: On the basis of ex end menner steted	aminetion end	or Investigation, In m	y opinion, dec	eth occurred at the ti	me, dete end piece,	and due to	teted. the ceuse(s)	
	To the vithin 2 To the comple	Me	29b. Signeture end title of certifier	ond monitor stores		29c. Lic	ense number		29d. Dete signe	ed (Month,	Dey, Year)	
	⊢≯⊢ŏ			n MD		D	2/3/	3	7/291	196		
			30. Name and address of person who	,	h /ltom 00=\ /7				11-11			
		ף	KIN K. WLE		((C.	2 // /	14 1	Chesterto	wn m	1) 2	1620	
	Sta	te	31. Dete filed (Month, Dey, Year)	32. Registrer's	Signeture) cregor	1014	and the same	1101	7	700	
	Registr	-	JUL 31	1 '95 >	Pulia Navi	Ann-Randall						

attending physician. ise as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	O RE COMPLETED BY DHYSICIAN. MEDICAL CERTISINAL
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
e funeral director, page 5 should be detached for us al.	10 THE FUNERAL DIRECTUR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be detached for us be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
death. Page 6 may be retained by the hospital or a	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-TA hours after death. Page 6 may be retained by the hospital or a

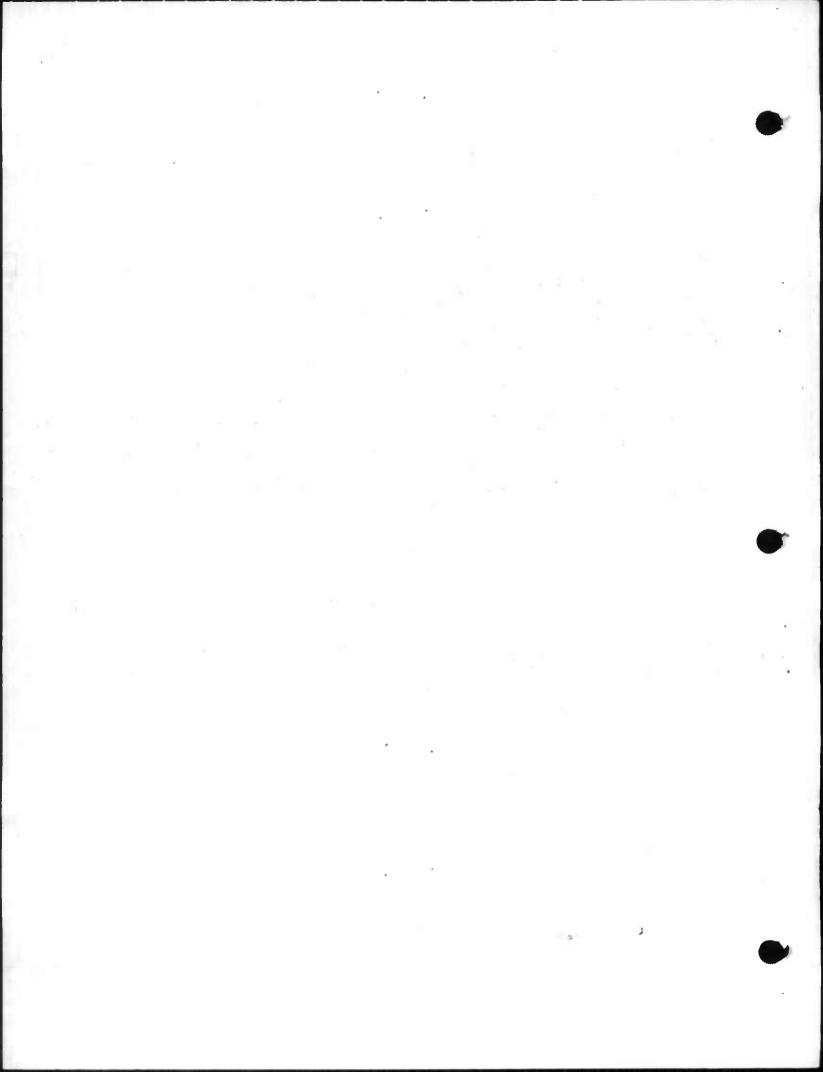
								9	6	24307	
	1 - FOR STATE REGISTRAR	STATE OF MARYL	LAND /	DEPARTME RTIFICA	NT OF I	HEALTH AND	MENTAL HYGIEI				
	1. DECEDENT'S NAME (First, Middle, Last)				12 01	DEATH	2. DATE OF DEATH			3. TIME OF DEATH	
	GEORGE Will:	iam	RODE	NHISER) 7	96	6:40 PM	
			(In yrs. lest	birthday) IF UP	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		s, BIRTI	IPLACE (State or Foreign	
	133 01 3200	□ M 2 □ F 5	1	YRS.			6/22/4		Ha	rrisburg	
R	98. FACILITY NAME (If not institution, give street Western Maryl		er			stown,		9c. COL	INTY OF D	DEATH	
5	RESIDENCE OF DECEDENT										
DIRECTOR	100. STATE 10b. COUNTY			Hage:						10d. INSIDE CITY LIMITS? 1YES 2 _ NO	
IAL	10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT										
FUNERAL	1500 Pennsylvan			21740							
BY	11. MARITAL STATUS 12 1 ☐ Never Married 2 ☐ Merried 3 ☐ Widowed 4 ☑ Divorced	2. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, OIVE WAR OR D	2 X NO	(ED	If yes, sp	ENDENT OF HISPA ecity Cuban, Mexica NO Specific	NIC ORIGIN? (Specify Years, Puerto Rican, etc.) fy:	e or No—	Black	E — Americen Indien, k, White, etc.	
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY										
MPI	6 disabled 17. FATHER'S NAME (First, Middle, Last) George H. Rodenhiser Violet M. Wagner										
BE											
5	Violet M. Rodenhiser 88 Linda Drive, Mechaicsburg, PA 17055										
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal	from State Co	h PLACEAN	DDATEGEDIS	POSITION /N	ame of	DATE 200 L	CATION	City or To	own, State	
	4 Donation 6 Other (Specify)	E	На	rrish	irg (remato	8/9/96 ry	Har	risk	ourg, PA	
	AT. SIGNAL UNDOF POSTERIAL SERVICE CICENS				22. NAME A	D ADORESS OF FA	oral Hom	1331	Eas	stern Blvd.	
Щ	22. NAME AND ADDRESS OF FACILITY Fiery Funeral Home 1331 Eastern Blvd. Hagerstown, MD 217- 23. PART I. Enter the present, or complications that odused the death. Do not enter the mode of dying, such as cardisc or respiratory streat, Approximate										
	23. PART I. Enter the present, or com shock, or hast fellure. List	plications that cause t only one cause on o	d the des	th. Do not en	ter the mo	de of dying, suc	ch as cardisc or resp	olretory sr	reat,	Approximata Interval Between	
	IMMEDIATE CAUSE (Fine)									Onset and Death	
	resulting in desth) s. P	Pneumonia								less than 24 hours	
		OUE TO (OR AS							_		
ON	Sequentially list conditions, $\frac{K}{K}$	Recent aspi	ratio	DIT							
RTIFICATION	couse. Enter UNDERLYING	Status Post			Cont	usion				1978	
프	CAUSE (Disease or injury that initiated events	DUE TO (OR AS			CONT	dolon				1970	
	resulting in dasth) LAST										
S	PART II. Other significent conditions co	ontributing to death i	hut not re-	nulting in the	underlule	n naven alvin la	Deat Law was				
MEDICAL			501 1101 161	autung in the	underlyni	3 cansa Aisaii iti	Part I. 24a. WAS AI PERFO		246	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ED							1 TYES	2X NO		OF DEATH?	
Σ	DID TOBACCO USE CONTRIB	LITE TO CAUSE C	DE DEAT	H VES [I NO E	UNCERTAII				1 TYES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL	OIL TO CAOSE C		OF DEATH (Che		ONCERNAII					
SIC		OSPITAL:	petient 3	DOA 1 4 X		a 5 🗆 Residence	6 Other (Specify)				
PHYSICIAN:	27. MANNER OF OEATH	28e. DATE OF INJURY (Month, Day, Year)		28b. TIME OF	28c. INJ	URY AT	28d. DESCRIBE HOW	INJURY OC	CURED		
ВУ	1 Netural 5 Pending 2 Accident Investigation	(WOTH), Day, Year)		INJURY		RK? /ES 2 NO					
	3 Suicide 6 Could not be	28s. PLACE OF INJURY building, atc. (Spe	r — At hom	e, ferm, street,	factory, offic		281. LOCATION (Street City or Town, Stell	end Numbe	r or Rural F	Route Number,	
	4 Homicide determined City or lown, Stere)										
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and menner as stated.										
ON	One) 2 MEDICAL EXAMINER: O	in the basis of examination	n and/or Im	restigation, in n	ny opinion, d	eath occured at the	time, data end place, e	nd due to t	he cause(e) and manner as stated.	
w	296. SIGNATURE AND TITLE OF CENTIFIER	*	. 0	4		29c, LICENSE NUI					
P 30 MMF AND ADDRESS OF PERSON WHO COMPLETED CHIEF OF CREATE AND D. D. D. D. D. 2642 ▶ 8/8,									8/8/9	96	

1 TYES 2 NO	1 Inpatient 2 ER/Outpetient 3	□ DOA 4 Nun	sing Home 5 - Residence	6 Other (Specify)							
27. MANNER OF OEATH 1 A Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28d. DEŞCRIBE HOW INJURY OCCURED								
3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY — At ho building, atc. (Specify)	me, ferm, street, fect	tory, office	28t. LOCATION (Street end Number or Rural Route Number, City or Yown, Stete)							
29e. CERTIFIER 1 X CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the causarie) and manner as attended.											

					,,
96. SIGNATURE AND TITLE OF CENTIFIER	•		_	29c, LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Typo, Print)

Fe U. Porciuncula,
31. DATE FILM (1977), Day, Your)
1 4 1956 M.D. 1500 Pennsylvania Avenue Hagerstown, Maryland



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 24308

_				Certif	icate of L	Death		Reg. No.	J Con Y		
Physi	cian	Decedent's Neme (First, Middle, Last)	Λ Ι.				2. Dete of De Month	eth Dey	Yeer 3.	Time of Deeth	
/Med		I on i hynn	Kepetsk	V			July	30 /	996 1	1:40 AM	
Exam	iner	4e. Fecility Neme (If not institution, give stre		/ /	41	c. City, Town, or	Location of Deet	4c. County	of Deeth	, ,	
		Garrett County Memo				Oaklen	Markens	Gun	reft cant	7 Meglur	
Funera Directo			7. Age (In yrs. 46		Under 1 Year onths Deys	If Under 24 Hrs Hours Min		th y, Year) 50	9. Birthplece (Country) Kempto:	State or Foreign	
and w		Usuel Residence of Decedent 10e. Stete 10b. County	10c. City	y, Town or Location	n				40d b	side City Limits	
Vlanyl f sho	ō	Md. Garrett		mpton						Yes 2 No	
the 1	le ct	10e. Street end Number			Of. Zip Code			10a Chinan all	4	F	
eth with \$ 23s or	Funeral Director	250 Kempton Rd.			2155			10g. Citizen of V			
d 21215-0020 filed within 72 hours after deeth with the Manyland hygiene. ther than "netural", or Hems 23s or 28s-f show ont, the Mod call Examine must be notified.	þ		Was Decedent Ever in U, Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Y Yeer or Detes:	If Ye	Decedent of His s, specify Cubar Yes 2 X No		Specify Yes or No to Rican, etc.)	14. Rece - American Indien, Bleck, White, etc. Specify: White			
15-0 in 72 ho	Completed	15. Decedent's Education (Specify only highest grade co	on ompleted)	(Give kind	s Usuel Occupa of work done d	tion	rkina	16b. Kind of Bu	usiness/Industry		
2121 3 within piene. r than	Jdu		Coilege (1-4or 5+)	life. DO N	life. DO NOT use retired) Teacher			-100			
nd 212 e filed withi al Hygiene. other than			5	Te					cation		
be filed that Hyg d other	Be	17. Fether's Neme (First, Middle, Last) Adam Paul Repet	skv			Maiden Suman	/				
arylan should be ind Mental merked o	2	-	•	Maxine Virginia Corbin 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
Me 2 : day		19e. fnformant's Neme/Reletionship (Type, Maxine C. Repets					ural Route Number		State, Zip Code 21550		
0 00 - 5		20e. Method of Disposition 1 ∰ Buriel 2 □ Cremetion 3 □ Remain 4 □ Donetion 5 □ Other (Specify)	oval from State	etery	Dete 8-1		City or Town, S	tete			
Baltim permit. Peg Department Important: any Injury		21. Signeture of Funerel Servica Licensee	ble		Rie Fu		Home,	Inc.			
		23a. Pert1. Enter the diseese, or complication shock, or heart failure. List only one complications are complicated as the complex of the com	ons that caused the death						Appr	oximete val Between	
box 500 00, and conflicate be executed the executed by sician end attending physician end attending physician end true es the buriel-transit	Medical Examiner	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury thet initiated events resulting in death) Lest d	Due to (or	es e consequence	Uterine	Con	district.	àn	yez	- the weeks	
death c	cia	Part II. Other significant conditions contribu	uting to death but not recu	Iting In the under	ulaa aaysa aiyay	In Bort i	22h Did	ahaasa uus aa	nedbudo do do a		
het the deby the detache	y Physician		ning to death but not less	iting in the under	ying cause given	ilirai().	1 🗆 1	obacco uee cor Yee 2⊠No		4 ☐ Unknown	
ecords ew requires ss been sign 2 should be	Completed by						24a. Was perlo	en autopsy med?	24b. Were au eveileble completii of deeth?	prior to on of cause	
The lew ate hes t	NO.						101	es 2 No	1 ☐ Yes	2□ No	
ysician: The secretificate director, pag	Be (25. Wes case referred to medical				26. Plece of Dec	eth (Check only o	ne)			
Of VITA Physician: this certific iral director,	To	exeminer? 1 Yes 2 No Hosp	ital: 1 Inpatient 2 E	ER/Outpetient 3	□ DOA Other	4 □ Nursing H	lome 5 ☐ Resid	lenca 6 □Othe	er (Specify)		
o Ph og Ph ter th		27. Menner of Deeth 1 ☑Neturel 5 ☐ Pending	8e. Dete of Injury (Month, Dey Year)	28b. Time of Injury	28c. Injury o			ow Injury occurr			
eth.	atic	1 ☑Neturel 5 ☐ Pending 2 ☐ Accident Investigetion	(month, boy rour)	Muldiy		s 2 No					
To the Hospital or Attending I within 24 hours effer death. To the Funeral Director: After completely filled in by the funer	Certification:	3 Suicide 6 Could not be determined	8e. Plece of Injury - At hor building, etc. (Specify)	me, farm, street, f	ectory, office		28f. Location (5 City or Tox	itreet and Numbern, Stete)	er or Rural Rout	e Number,	
Hospit 24 hour Funera	edical (Check only 2 Medical Examiner:	n: To the best of my know On the basis of examination	viedge, death occu on end/or investig	urred et the time ation, in my opli	, dete end place nion, death occu	, end due to the d rred et the time, d	cause(s) end me date and plece, a	nner as steted. and due to the c	Buse(s)	
vithin o the	₹ S	29b. Signature and little of ceptifier			29c. License	number		29d. Dete signed	i (Month, Day. Y	'ear)	
->-0		M 110 - 12/2/									
7		30. Name and address of person who completed cause of death (Item 23e) (Type, Print)									
		S. Helife and educess of person who comple	A/ /)	(یه د د کار (Type, Print)	A [1, 1	1	. (
CA	ato	31. Dete filed (Month, Day, Ypar)	32. Paistrer's Signatu	ure Brok	Marte 219	Oakland,	Mayland 2	1550			
SI Renist	ate	AUG 1 4 1996	Jak Davel	or Randall							

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State of Maryland / Department of Health and Mental Hygiene 9 5 Certificate of Death 1. Decedent's Name (First Middle Last) 2. Date of Death 3. Time of Deeth **Physician** 145 am Ver /Medical 4a. Fecility Nama (If not institution, giva streat and number) 4b City Town or Location of Death 4c. County of Deeth Examiner hesp. city MD hesapeakecit Dodle 626 If Under 1 Yaar If Undar 24 Hrs. 7. Aga (In yrs. last birthdey) 5. Sociel Security Number 6 Sex Birthplace (Steta or Foreign Country) **Funeral** Days 10 M 20 F Director 220-34-6515 May 12 1910 St Georges DE Usuel Residence of Decedent death with the Maryland 10a. Steta 10b. County 10c. City, Town or Location 10d. Inside City Limits Deemit. Pages 1 and 2 should be filed within 72 hours after death with the Manyia Department of Health and Mental Hygiene.
Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, the Medical Examiner must be notified a once. 1 Tayas 2 □ No Director Cecil Chesapeake City 10e, Street and Number 10f. Zip Code 10g. Citizen of What Country? 21915 626 Biddle St. Funeral 12. Wes Decedent Evar in U,S. Armed Forcas? 13. Wes Dacedant of Hispanic Origin? (Specify Yas or No If Yas, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - Amarican Indian, Bleck, White, etc. 11. Marital Status 1 ☐ Yes 2 🔁 No If Yes, Give Yaar or Detes: 1 ☐ Never Married 2 T Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No þ Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Laborer Agriculture 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Havey G. Reynolds Harriet Carrow 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Steta, Zip Coda) Pearl M. Reynolds 626 Biddle St. Chesapeake City MD 21915 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, Stata 1 Surial 2 □ Cremation 3 □ Removel from Stete 4 □ Donetion 5 □ Other (Specify) St. Georges Cemetery Aug 5 1996 St. Georges DE 21. Signeture of Funaral Service Licenses 22. Nema and Addrass of Facility 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onsat and Death T. Foard Funeral Home, P.A. **Physician** /Medical Immediete Ceuse (Final diseesa or condition resulting in deeth) Examiner Due to (or es a consequence of): physician and the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Last Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of): 9SD jo signed by the a Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 | Yes 2 | WO 3 | Probably 4 | Unknown Ď 24b. Wara autopsy findings available prior to completion of causa of deeth? 24a. Was an eutopsy performed? Completed peen certificate has 1 Yes 2 110 1 ☐ Yes 2 ☐ No after death.

Director: After this certific funeral director, 25. Wes case referred to medical examiner? 28. Place of Death (Check only one) Be Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 20 No 1 Inpatiant 2 ER/Outpatient 3□ DOA 28a. Dete of Injury (Month, Dey Year) 27. Menner of Deeth Certification: 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 5 Pending investigetion 1 Yes 2 No 2 Accident 6 ☐ Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 28e. Plece of Injury - At homa, farm, street, fectory, offica building, etc. (Specify) completely filled in by 4 Homicide Hospital 24 hours a 24 hours 29a. Certifier (Check only one) Cartifying Phyalcian: To the best of my knowledge, deeth occurred et the time, dete and place, and due to the cause(s) and menner as stated. Medical 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and piece, and due to the cause(s) end menner steted. To the I within 2 To the F 29b. Signature ar 29d. Deta signed (Month, Dey, Year) 044716 ress of person who completed cause of death (Item 23a) (Type, Print) 30. Name and 111 W High St Suite 204 Elkton MD 21921 Jose Ma MD

State

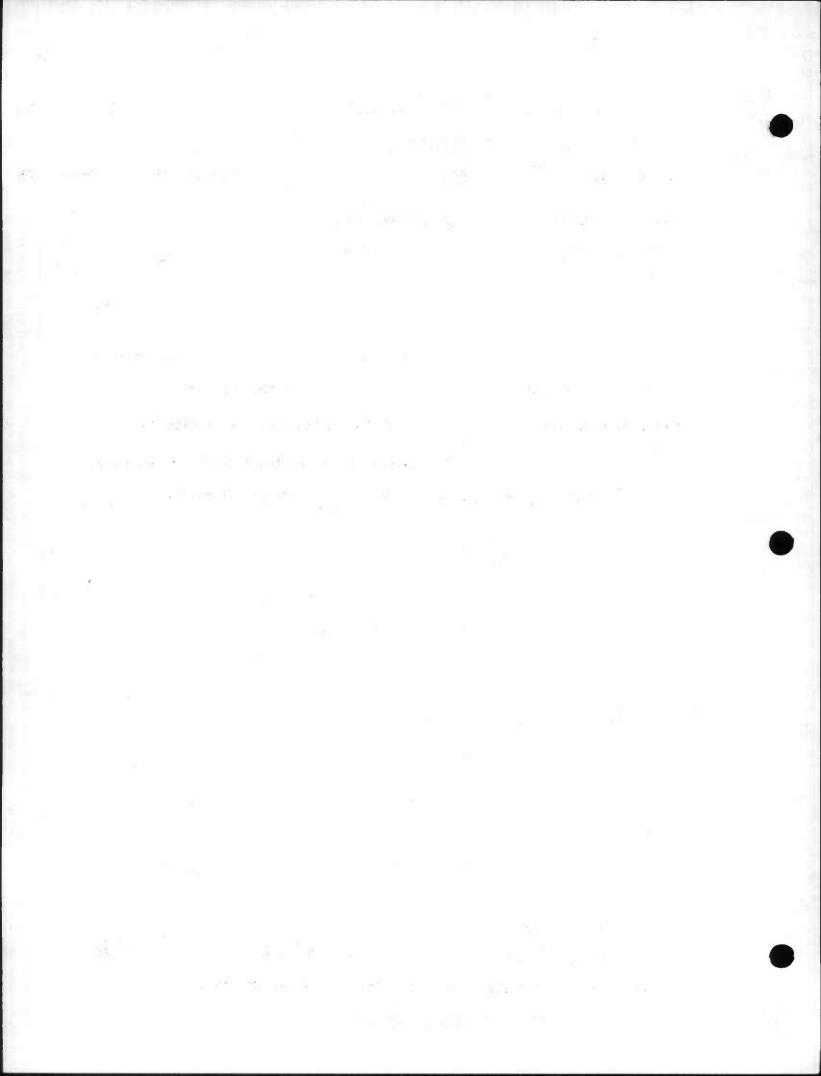
Registrar

31. Dete filed (Month, Day, Year)

AUG 02 1996

32. Registrer's Signeture

Lika Davidson

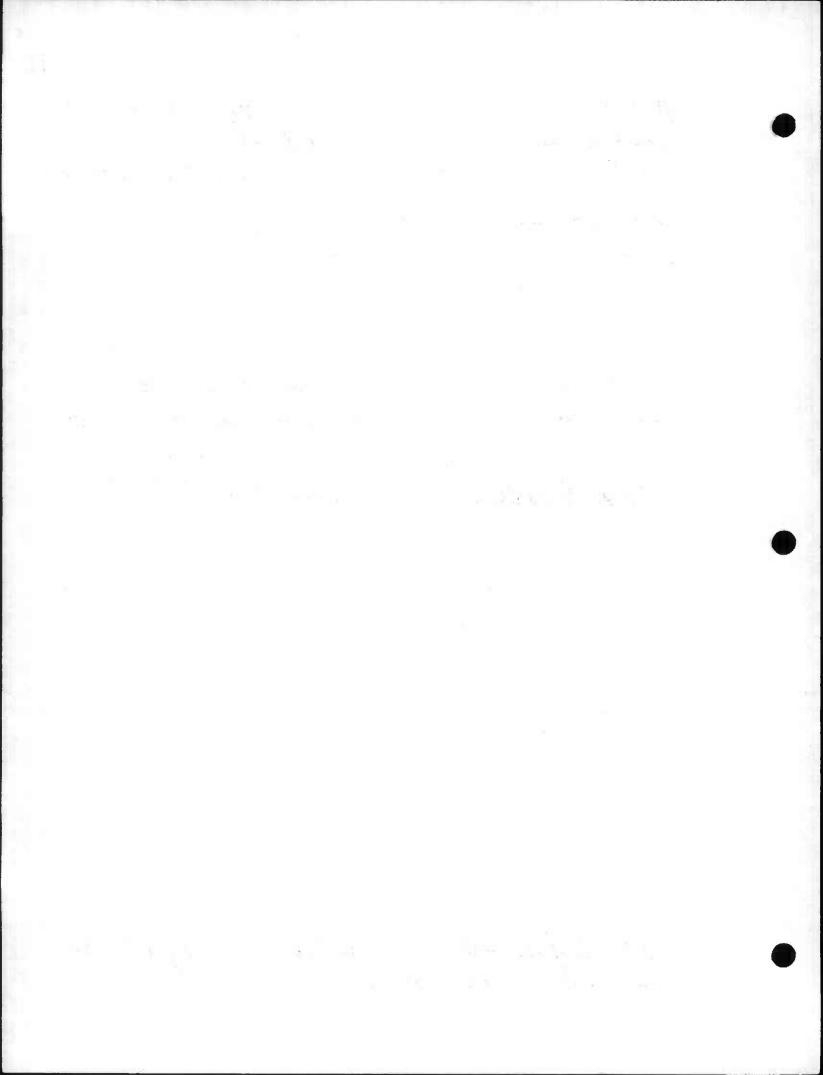


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

24310

				Cer	lificate of	Death		Reg. No.				
	Physici /Medic		1. Decedent's Neme (First, Middle, Last) Albert Runkles				2. Date of D. Month	Day 3	3. Time of Death 1996 0445			
		ier	4e. Fecility Name (If not institution, give street end number) University of Maryland Host 5. Sociel Security Namber 6. Sex 7. Age (In yrs)	pitel last birthday)	If Under 1 Year	Baltimon I Under 24 Hrs.				ian		
	Director		1800 20 5	51 Yrs.	Months Days	Hours Min.	Dec. 2	av Year)	Frederick Co.			
	e Maryland	Director		ity, Town or Loc on BRid								
	ih th	- Si	10e. Street and Number		10f. Zlp Code			10g. Citizen of 1	What Country?			
	23a		3890 Wilderness Drive		21791			U.S.A.	Ac. County of Death 4c. County of Death 4c. County of Death 9. Birthplece (Stete or For County) 1934 Frederick Country? 10d. Inside City Lington 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (
	e de	Funeral	11. Marital Status 12. Was Decedent Ever in U Armed Forces?	J,S. 13. W	es Decedent of H	lispanic Origin? (Si an, Mexican, Puert	pecify Yes or No Rican, etc.)	and the sum of Death Same of Death Same of Death				
Maryland 21215-0020	ours afte rraf, or it LExamin	ě	1 Never Married 2 Married 1 Never Married 2 No If Yes, Give Year or Dates:		□Yes 2ÄNo					H		
5-	72 h	ete	 Decedent's Education (Specify only highest grade completed) 	16a. Decede (Give k	ent's Usual Occup	eation during most of world)	king	16b. Kind of B	usiness/industry			
121	then.	Completed	Elementary/Secondary (0-12) College (1-4or 5+)			d)						
d 2	Hygie ther mr.		9 17. Father's Name (First, Middle, Last)	labor	er	18 Mother's Nam	ne /First Middle			_		
an	iclen: The law requires that the death certificate be executed to be secured to be sec	Be C	Norman F. Runkles									
ary.	Shoul Me Me mark	2	19e. Intormant'a Name/Reletionship (Type, Print)	19b. Meiling	Address (Street					_		
Σ	nd 2 lith ar 27 is r trau		Nancy A. Runkles/wife									
re,	f Heg		20e. Method of Disposition 20b. I	Place of Dispos			Dete			-		
E	Page lent c mt: If ry or		1 & Buriai 2 Li Cremation 3 Li Hemovai trom State		1 Cemete	1	8/7/96	Woodsbor	ro. MD			
Baltimore,	mit. partir porta / inju		21. Signature of Funerel Service Licensey		Name and Addre	an of Carille						
m	88 5 8		Marya & Rinthein	1	Union Br	ىر idge, MD	21791	itziei a	30118			
			23e. Part I. Enter the disease, or complications that ceused the deal shock, or heer tailure. List only one cause on each line.					errest,	Approximate			
T.	Physician								Onset and Death			
		Examiner	tmmediate Cause (Final disease or condition resulting in death) a. Cerebro vascular Accident									
п	Examiner		Due to (or es e consequence ot):									
	D #5		Atherosclerotic disease									
	and and Il-tran	xan	Sequentially list conditions, if any, leading to immediate									
ox 68760,	sician buris											
89	ficate phy as the	edi	resulting in death) Lest	or as a c <i>on</i> sequ	ence of):							
			d							_		
Ö.	death	sicia	Part II. Other significant conditions contributing to death but not res	sulting in the un	derlying ceuse giv	en in Part t.	23b. Dtd	tobecco use co	ntribute to the cause of deati	h?		
P. O.	by th	Phy	0 41 -				1□	Yes 2□ No	3 Probably 4 □ Unkno	חשינ		
Ś	as the	by	Coronary Artery Disease									
Division of Vital Records,	s uee binou	ted	9						available prior to	3		
ec	law i	npie							of death?			
E	The cate t	Co					10	Yes 2 No	1 ☐ Yes 2 No			
ŽĬ.	Certific	Be	25. Was cese referred to medical examiner? Hospital: Hospital:		0	26. Plece of Dea	th (Check only	one)				
o	Phys this ral dii	10	1 Yes 2 No 1 Inpatient 2 2. Manner of Deeth 28a. Dete of Injury	28b. Time of		4 LI Nursing H						
L _O	Affar fune	tion	1 Netural 5 □ Pending (Month, Dey Year)	Injury	28c. Injur Wor	k? Yes 2 □ No	260. Describe	now injury occur	red			
S	deat ctor: y the	fica	3 Sulcide 6 Could not be 28e. Place of Injury - At h	ome, term, stre		100 20.00	28t, Location	(Street and Numl	ber or Rural Route Number,	_		
á	after Dire	Certification:	4 Homicide building, etc. (Special	fy)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or To	wn, Stete)	9. Birthplece (Stete or Foreign Country) Page 1 9. Birthplece (Stete or Foreign Country) Frederick Co. 10d. inside City Limits 1 Yes 2 No 14. Race - American Indian, Bleck, White, etc. Specify: White b. Kind of Business/Industry Construction iden Sumame) Fritz City or Town, Stete, Zip Code) 1 dge, MD 21791 c. Location - City or Town, Stete odsboro, MD 2 ler & Sons Approximate interval Between Onset and Death Construction 2 No 3 Probably 4 Unknown 1 Jalaga 1 Ogra 1 Yes 2 No 2 No 1 Yes 2 No Dete signed (Month, Dey, Year) Dete signed (Month, Dey, Year)			
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completaly filled in by the funeral	edicai (29e. Certifier (Check only one) Certifying Physictan: To the best of my knot one) Certifying Physictan: To the best of my knot one one of the basis of examinar and manner stated.	owiedge, death ation and/or inve	occurred at the tirestigetion, in my o	ne, date end place, pinion, death occur	and due to the	cause(s) and ma , dete end plece,	anner as atated. and due to the cause(a)			
	To the	ž	29b. Signature and title of certifier		29c. Licens	e number						
			Poter I Lim MO		P09-	192		Quant	3 (1996			
			30. Name and address of person the completed cause of deeth (Iter Putar 5. Llaw 225-Gr	m 23a) (Type, P		,						
	Sta	_	31. Date filed (Month, Day, Yeer) ALIG 5 1996	ature P.	**							
	Registr	ar	AUG 5 1996 Juli Dave	AREA LANGE	24							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3 Time of Death 1996 ODON 1200 Tulu AMIREZ 28 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth SALISBURY WICOMICO PENINSULA REGIONAL MEDICAL CENTER House Hours Min. APRIL 29,1943 5. Sociei Security Number 222–80–0101 7. Age (In yrs. last birthdey) 9. Birthplaca (State or Foreign 180 M 2□ F 53 MEXTCO Yrs. Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits SUSSEX BLADES 1 Nes 2 No 10f. Zin Code 10g. Citizen of What Country? 115 EAST HIGH STREET 19973 MEXICO 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indien, Bieck, White, etc. 1 ☐ Never Merried 2 ☐ Merried 1 ☐ Yes 2 💆 No If Yes, Give Yeer or Detes: Yes 2 No Specify MEXICAN Specify: HISPANIC 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) POULTRY PROCESSOR POULTRY 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Surneme) JUANA NMN VILLALOBOS RAMIREZ RAFAEL NMN RAMIREZ 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 115 EAST HIGH STREET BLADES, DELAWARE 19973 MARIA BAHENA RAMIREZ WIFE 20b. Plece of Disposition (Neme of 20e. Method of Disposition 20c. Location - City or Town, Stete Dete OUR LADY OF LOURDES 1 ⊠Buriel 2 ☐ Cremetion 3 ☐ Removei from Stete 8/3/96 SEAFORD, DELAWARE 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Fecility
WATSON-YATES FUNERAL HOME, INC. SEAFORD, DELAWARE 19973 the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximete Intervel Between Onset and Deeth 12 hrs Due to (or es a consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

Physician /Medical Examiner

Physician

/Medical

Examiner

10a. Stete

DELAWARE

10e. Street end Number

Funeral

Director

28a-f show

Director

Funeral

by

Completed

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2

treumstic event, the Medical Examiner must be notified at

the Maryland

permit. Peges 1 and 2 should be filed within 72 hours effer deeth with the paratiment of Health and Mentel Hygiene. Important: If them 27 is marked other than "natures" ---" any Injury or other treumatic exercises.

and physician signed by t page 2 s certificata this After efter death.

Director: Aft
d in by the fur

Be

Medical Certification: To

the Hospital or Attending Physician: The law requires that the death certificate be assecuted

Division of Vital Records, P.O.

Box 68760.

Examiner by Physician/Medical Completed

Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest

Immediate Cause Indicates or condition resulting in deeth)

24e. Wes an autopsy performed?

24b. Were autopsy findings eveileble prior to completion of cause of deeth?

26. Plece of Deeth (Check only one)

1 TYes 2 No.

25. Wes case referred to medical Hospitel 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 27. Menner of Deeth 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 1 Maturel

5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Sulcide 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide

Location (Street and Number or Rural Route Number, City or Town, Stete)

29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end placa, end due to the cause(s) end menner as steted. (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, dete and piece, and due to the cause(s) end menner stated.

29c. License number

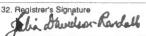
29d. Dete signed (Month, Day, Year)

30. Neme and edd as of person who completed cause of deeth (Item 23a) (Type, Print) Bluff Pine 1,5

Salisbury

State Registrar

31. Dete filed (Month, Day, Year)



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in 24 hour. the Funeral Direction

within 2 To the

completely

96-4098-005

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

						Certific	ate of	Death	1	Reg. No.		
Physic	ian	Decedent's Nan	ne (First, Middle, La	ist)					2. Date of Dea	ath Dey	Year 3.	Time of Death
/Medi Exami	cal	PATRIC 4a. Facility Name		MARTIN re street end number)		RADI	EBAUG		JULY Location of Deeth	23 4c. County		:20A.M
		YORK RO	AD & CV	LD BOTTO	M ROA	D	6	SPARKS OCKEYS	VILLE	BALT	IMORE	
Funeral Director		5. Sociel Security I	Number 6. 5	Sex 7. Ag	e (In yrs. lest .8		nder 1 Yeer hs Days	If Under 24 Hrs Hours Min	8. Date of Bird (Month, De March 1	7, 1978	9. Birthplece (Country) Maryl	State or Foreign
*		Usual Residence of 10a. State	10b. County		10c. City. To	own or Location						side City Llmits
r sho	ō	MD	Baltim	nore		eland						Yes 2X No
r 28	Director	10e. Street and Nu					Zip Code			10g. Citizen of V	What Country?	
239 0		2329 H	E. Ruhl	Road			21053	3		U.S.	Α.	
Exal.	by Funeral	11. Maritel Status 1 Never Mari 3 Widowed	ried 2 Marrled	12. Was Decedent Armed Forces? 1 ☐ Yes 2XI If Yes, Give Year or Dates;			ecedent of H specify Cubs s 2X No	lispanic Origin? (San, Mexican, Puer Specify:	Specify Yes or No- to Rican, etc.) ,	14. Race , Blace Specify	e - American Inc ck, White, etc.	
lea E		10	15. Decedent's Ed	ducetion	10	Sa. Decedent's U	Isual Occup	ation		16b. Kind of Business/Industry		
ment of Health and Mentel Hygiens ant. If them 27 is merked other than lary or other traumatic event, the Me	Completed	Elementery/Sec	11	College (1-4or 5	i+)	(Give kind of life. DO NO Studen		during most of wa			School	L
	Be		(First, Middle, Last,						me (First, Middle,		10)	
	To		H. Radeb						D. Doug		0.4. 7. 0.4.	1
			Radeba						reeland			,
		20a. Method of Dis	position		20b. Plece	of Disposition	Name of		Date	20c. Location -		tate
		1 Burial 2 A Cremation 3 Removal from State Yorktowne Caskets, Inc. July 27, York, Cremation Service 1996								PA 17	7404	
y in			John Service Licer	11	/	22. Name	and Addres	ss of Facility				
E 5 8		1	XX	allens	Touri	J.J.	Hart	enstei	n Mortu lew Free	ary, I	nc.	10 000
/siclan ledicai amlner	ner.	Immediate Cause disease or condition resulting in deeth)	(Final	plications that ceused one cause on each lii a.	t.pli	a consequence	nies	g, such es cardia	c or respiratory ar	rest,	Inter	oximate ral Between it end Deeth
al-transit	Examiner	Sequentially tist co if any, leading to in ceuse. Enter Unde Ceuse (Disease or	anditions, mmediate	b. ————	Due to (or as	a consequence	of):		i 31			
ng physician and as tha burial-transit	edical	Ceuse (Disease or that initiated event resulting in deeth)	5	C	Due to (or as	a consequence o	of):					
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2 should	Completed t									en eutopsy med?	24b. Were au evallable completi of death?	prior to on of cause
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ral director, pag	2	1⊠ Yes 2□		28a Date of Injur	y 200		28c. Injun World	2	200. Describe r	ow Injury occurr	90	
ral director, pag	2	1 ☑ Yes 2☐ 27. Manner of Deat 1 ☐ Natural	h 5 Pending		1 Natural 5 Pending (Month, Day Year) Injury Work? 2 Accident 3 Suicide 4 Homlcide 4 Homlcide 4 Homlcide 4 Suicide 4 Homl						colles	62
Olrector: After this certificate in by the funeral director, pag	Certification: To Be	1 Yes 2 D 27. Manner of Deat 1 Natural Accident 3 Suicide	h 5 Pending Investigation 6 Could not be	(Month, Day 7 – 23 – 2 28e. Place of Inju	76 3c	of AM	10			itreet end Numbern, State) York	er or Rural Rout	e Number, Botton Ro
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State Registrar

111 Penn Street, Baltimore, Maryland 21201 32. Registrar's Signature

Talk Studen Rarlett

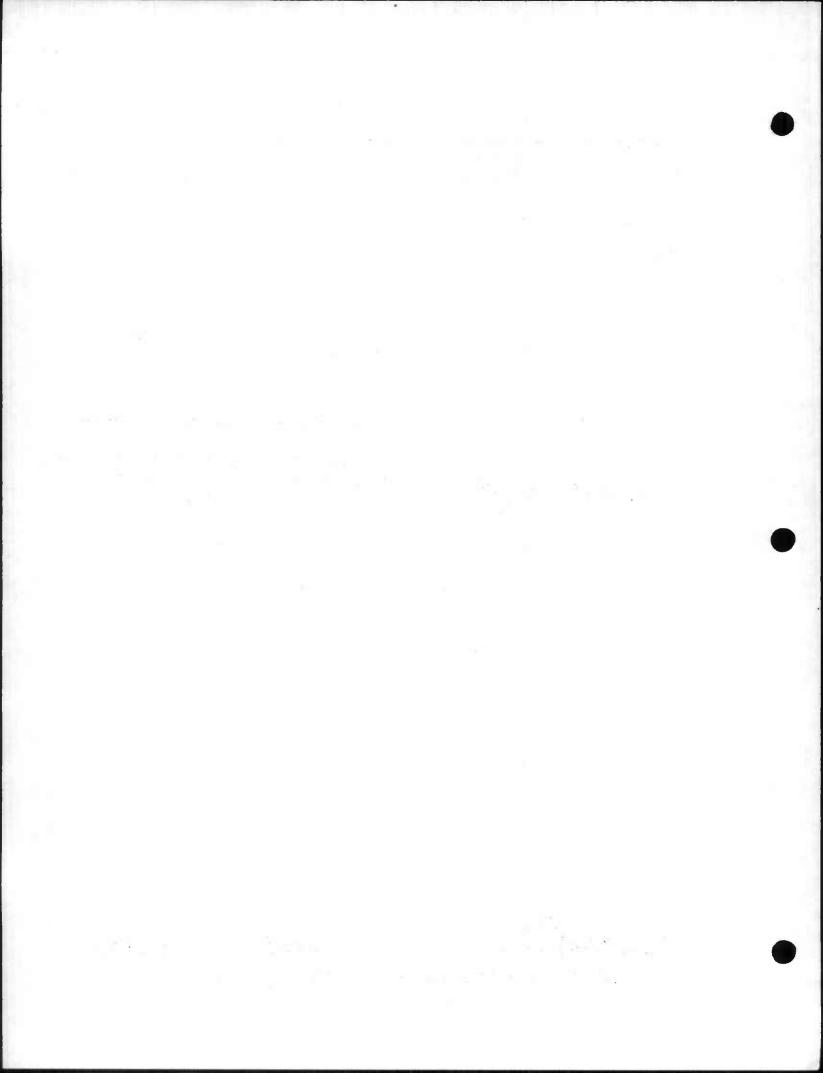
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Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 24313

						Certific	ate of	Death	Re	g. No.			
	- E		1. Decedent's Neme (First, Middle, L	ast)					2. Date of Deat	h	GE:	3. Time of Death	
	Physici		Charles		Anthony		Sat	fka	July	Day	1996	2:16 pm	
	/Medi Examir		4a. Facility Name (If not institution, g	ive street and number)					Location of Death		ty of Death	2.10 pm	
			The Kent and Que	en Anne's	Hospital	. Inc.		Chester	town		Kent		
	Funeral			Sex 7. Ag	e (In yrs. last birth		der 1 Yeer	If Under 24 Hr	8. Dete of Birth	Veerl		lace (State or Foreign	
и	Director		171-10-5725	1) ØM 2□F	94 Y	rs.	hs Deys	Hours Mir	October 4	1901		ylvania	
	p .		Usual Residence of Decedent										
	how the	_	10a. State 10b. County		10c. City, Town						11	Od. Inside City Limits	
	the Marylar 28a-f ehow notified at	cto	Pennsylvania De	laware	Newto	own Sq	uare					1 ☐ Yes 2 ☐XNo	
	₩ 9 ¥	Director	10e. Street and Number			10f.	Zip Code		10g. Citizen of What Country?				
	23a	Ta I	3411 Lewis Road			1	9073			U.S.A.			
	s i and 2 should be filed within 72 hours after death with the Maryland if Health and Mental Hygiene. Item 27 is marked other than "naturel", or items 23s or 28s-f show other traumatic event, the Medical Exertine Final be notified at	Funeral	11. Meritel Status	12. Wes Decedent Armed Forces?	Ever in U,S.	13. Was De It Yes, s	cedent of specify Cub	Hispenic Origin? (pan, Mexican, Pue	Specify Yes or No- rto Rican, etc.)		ce - Americ eck, White,		
20	afte of	F	1 Never Married 2 Married	1 Tyes 2 2 1	No		s 2⊠ No						
00	ure!	d by	3 ☑ Widowed 4 ☐ Divorced	Year or Dates:					,		"Whit		
5	nat	Completed	15. Decedent's E (Specify only highest g	ducation rade com <i>pleted)</i>	16a. I	Decedent's U	work done	pation during most of word)	orking	16b. Kind of I		lustry	
12	within then	E	Elementary/Secondary (0-12)	College (1-4or 5	i+)	ccoun		, and		Autom		or	
2	thought the		17. Fether's Neme (First, Middle, Las	e)		Accountant Manufactur 18. Mother's Name (First, Middle, Makden Sumame)						- L	
Maryland 21215-0020	should be filed withing and Mental Hygiene. Is marked other than aurmatic event, the Mental Control of the Mental	Be	John Safka	•/				Susan		ALUGIT SUTTIE	inio/		
7	should ind Men imarke	JOINI SALKA SUSAN 19a. Informant's Name/Relationship (Type, Print) 19b. Melling Address (Street and Number or I								Oh To	- Chat- 7/a	Ondel	
Ma	d2 s th an 7 Is r					-							
	1 and Health em 27		George Walish/Ne	priew						20c. Location		nia 19073	
Baltimore,	Pages nent of h int: If he iry or of		© Burlal 2 ☐ Cremation 3		20b. Place of I								
를	rtme rtant		4 Donation 5 Other (Spec	**	SS. Peter				y 19, 1996 I			ylvania	
Ba	permit. Pages 1 a Department of Hea Important: if Item any Injury or othe onca.		21. Signature of Funeral Service Lice	insee					Newnam Funer				
	25200		Aux y. of	Gerben)	130 Sp	eer Ro	ad, Cheste	rtown, Mary	Land 216	520		
			23a. Part1. Enter the disease, or con shock, or heart tailure. List only	noications that caused one cause on each li	i the death. Do no ne.	ot enter the r	node of dy	Ing, such as cardi	oc or respiratory arre	est,		Approximate Interval Between	
	Physiclan /Modical		Immediate Course /Final						10.10		1	Onset end Deeth	
	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	(A	RD106	ENIC	<u>S</u>	HOCK	ICHF				
		<u>.</u>			Due to (or as a co	onsequence	ot):		CHF			~ 1 21.	
	bed nsit	Examiner		b	YOCAY	DIA		Infa	a (Tw		- 1	=/WK	
	death certificate be executed a strending physician and of for use as the burial-transit	xar	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury										
68760,	be e ician buris		cause. Enter Underlying Cause (Disease or Injury	c. Pr	ZOB A	+TN				(i		
387	phys the	Medical	that initieted events resulting in death) Last		Due to (or as e co		de	0			į,	1/2:-5	
	ding se as	Š		dC	AD /	Pni	on	MI			1	years	
Box	attendir for use	Physician/											
o.	es that the de igned by the a be detached	iysi	Part II. Other significant conditions	1	1		-	ven in Pert I.				the cause of death?	
٩	ed by deta		Perforante	Dood	2ml i	1/ce	1	while	1 🗆 Ye	s 2⊠No	3 Prot	bebly 4 Unknown	
Records,	law requires that the as been signed by the 2 should be detache	d by	· 1 2 . A.	0 010	. 0	357	MJ	-	24a. Was ar	autonev	24b. We	ere autopsy tindings	
Ö	been si	Completed	a nospeca	ragin	m	- 7 1	1000		perform		ave cor	allable prior to mpletion of cause	
Rec	0 - 8	dm		6-	,					_/		death?	
	는 물을		DU (gang -	TOI MY	zm				1 ☐ Ye	s 28 No	10	Yes 2 No	
Vital	Physician: The tribis certificate and director, par	Be	25. Was case referred to medical examiner?	Hospital:			Ot	hor	eath (Check only one				
ō	this aldi	: To	1 Yes 2 No 27. Manner of Death	1 Unpatie			DOA	4 LI Nursing	Home 5 Reside			1)	
	D to	lon	1 ☐Neturel 5 ☐ Pending	(Month, Da		ury	28c. Inju	rk?]Yes 2 □ No	200. 2030/100 110	w mjury cook	31100		
Division	Attending or death.	Certification:	3 Suicide 6 Could not	De Con Plans of Ini	ury - At home, ferr			7100 2 2 2110	28f. Location (Str	reet and Num	her or Rura	Il Route Number	
<u>≥</u>	Or A Direct	PLT.	4 ☐ Homicide determined	building, et	(Specify)	11, 201000, 100	dory, ornos		City or Town			111000011011001	
_	To the Hospital or Atlandi within 24 hours after death. To the Funeral Director: A completely filled in by the fo	C	29a. Certifier 1/D/Certifying P	hysician: To the best of	nt my knowledge	death occur	ed at the ti	me date and place	e and due to the on	na (s) eau	nanner ee et	interi	
	24 h 24 h Fun etely	edical	(Check only 2 Medical Exa	miner: On the basis of end manner sta	examinetion and	or investiget	ion, in my	opinion, death occ	urred at the time, de	ite and place	, and due to	the cause(s)	
	o the	Me	29b. Signature and title of certified	200			29c. Licen	se number	29	9d. Dete sign	ed (Month, i	Day, Year)	
	- × + ö		rish	(0)			Di	36054		21	101		
			30. Name and address of person who	completed online of d	eeth (Item 22n) (T	ivne Delna		1000		11	146	/	
			120 SPEER I		STERTO		m	D. 2	1620				
	Sta	te	31. Date filed (Month, Day, Year)		ar's Signature				,				
	Pogistr		Di 11 7	a too N	L.C. Kai	1. 70	1.00						



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Pleas	-	Print In Blac					-			01.011
	State o	f Maryland /	•		of Health a of Death	and Me	, 0	ene y	0 6	24314
1. Decedent's Neme (First, Middle	, Last)			1		1	2. Dete of Deeth			3. Tima of Death
Lexina Mae Sch					4. Oh. T.		Month July 22	1996	Yeer	11:00 p.m
4a. Fecility Nama (# not institution, Magnolia Hall l					Cheste		ation of Deeth	4c. County Ke:		
5. Social Sacurity Number 319–30–5934	6. Sax 1 □ M 2 🖾 F	7. Aga (In yrs. lest b	virthdey) Yrs.	If Under 1 Y Months Do	ear If Undar	Min.	B. Date of Birth (Month, Day,) eptember 2	(ear)	9. Birthpl Count	ece (Stete or Foraign
Usuel Residence of Decedent	l					<u>iX</u>	shrainer 7	3, 1093	Geo:	rgra
10e. Stete 10b. County Maryland Ker	at	10c. City, To		eation ertown					10	od. Insida City Limits 1 X Yas 2 □ No
	.16	Ci	neste	T						
10e. Street and Number 203 Cedar Stree	et			10f. Zip Co	21620		109	U.S		ry?
11. Marital Status		edent Ever in U,S.	13. W	as Decedent	of Hispenic Orle Cuban, Mexican	gin? (Spec	ify Yas or No-	14. Rac	e - Amarice	ın indien,
1 Never Marriad 2 Marria 3 Never Marriad 2 Marria	Armed Fo 1 ☐ Yas If Yes, Giv Yaar or D	2 % No /e		Yes, specify (☐ Yas 2√√		, Puerto Ri	ican, etc.)	Specify	ok, White, e	
15. Decedent' (Specify only highes	s Education		e. Decede	ent's Usuel O	ccupation	of working	16	Bb. Kind of B		
Elementery/Secondery (0-12)	College (1	I-4or 5+)		o Not use re emaker	one during most etired)	O WORKING)omogt:	i o /Our	n Home
17. Fether's Neme (First, Middia, L	get)		HOME	ananci	19 Moths	r'e Nome /	(First, Middle, Me			1 Home
Thomas Marion I	•						a Shanke		16)	
19e. Informent's Neme/Reletionsh	ip (Type, Print)	19	b. Meiling	Address (St	reet end Numbe	r or Aural	Route Number,	City or Town,	Stete, Zip	Code)
Joyce McCracker	n/Daughte	r 20	03 Ce	edar St	reet. C	Chest	ertown,	Marvla	and 2	1620
20e. Method of Disposition 1 Deuriel 2000 Cremetion		Stete 20b. Plece cemen	of Dispos le <i>ry, cr</i> em	ition (Neme o etory or othar	r piace)	1	Date 20	c. Location	City or Tov	
4 ☐ Donetion 5 ☐ Other (Sp	-	Chesa					July 23			
21. Signeture of Funaral Service L	July	Pen	Fe 1	Name and Adellows,	Helfenbei	n & Ne	ewnam Fune town, Mary	ral Hor	e, P.A	
23e. Part1. Enter the disease, or o shock, or haart feilura. List of	complications that conly one ceuse on e	aused the deeth. Do							.020	Approximate Interval Between
immediete Cause (Finel	10.	0//2								Onset end Deeth
disaase or condition resulting in deeth)	ө. / /	712MC		uenca of):			<u> </u>		<u> </u>	
	b						<u>-</u>		1	
Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying		Due to (or es e	consequ	ienca of):					į	
Ceuse (Disease or Injury thet initiated events esulting in daath) Last	c	Due to (or es e	consequ	ence of):						
	d								i	
Pert II. Other significant condition	s contributing to de	eath but not resulting	in the und	derlying cause	e given in Pert I.		23b. Did tob	acco use co	ntribute to	the cause of death?
							1 🗆 Yee	2 × No	3 Prob	ably 4 ☐ Unknown
							24e. Wes en performe		ava	re autopsy findings llable prior to apletion of cause eeth?
							1 ☐ Yes	200 No	1□	Yes 2□ No
5. Wes case referred to medical					28. Place	of Deeth ((Check only one)			
examiner?	Hospitel: 1 🗆 I	npatient 2 ER/C	Outpetient	3□ DOA	Other		e 5 Residen	ca 6 □Oth	er (Specify)
27. Menner of Deeth 1 De Naturel 5 Pending 2 Accident investige	28e. Dete (Mont	28e. Dete of Injury (Month, Day Year) 28b. Time of Injury Work? 28d. Describe how Injury occurr								
3 Suicide 6 Could no determin	ot be	of Injury - At home, fing, etc. (Specify)	ferm, stre	et, fectory, off	ice	28	of. Location (Stree City or Town,		oer or Aural	Route Number,

Physician /Medical Examiner

permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mentel Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at once.

Baltimore, Maryland 21215-0020

Physician

/Medical

Examiner

Funeral Director

Completed by

Be

2

Funeral Director

Physician/Medical Examiner ate hes been signed by the attending physician and page 2 should be dateched for use as the buriel-transi Be Completed by cartificate hes director, Medical Certification: To within 24 hours efter death.

To the Funeral Director: After this completely filled in by the funeral di

To the Hospital or Attending Physician: The law requires that the death certificate be assecuted

Division of Vital Records, P.O. Box 68760,

25. Wes case referred to medic examiner? 1 Yes 2 No 27. Menner of Deeth 1 De Naturel 2 Accident 5 Pend 6 Could 3 Suicide 4 Homloide

29a.	Certifier
	(Check only
	one)

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of axeminetion end/or invastigation, in my opinion, daeth occurred at the time, date end place, end due to the cause(s) and mannar steted.

29b. Signature and title of certifian

29c. Licansa number

29d. Data signed (Month, Day, Year)

10-13+24

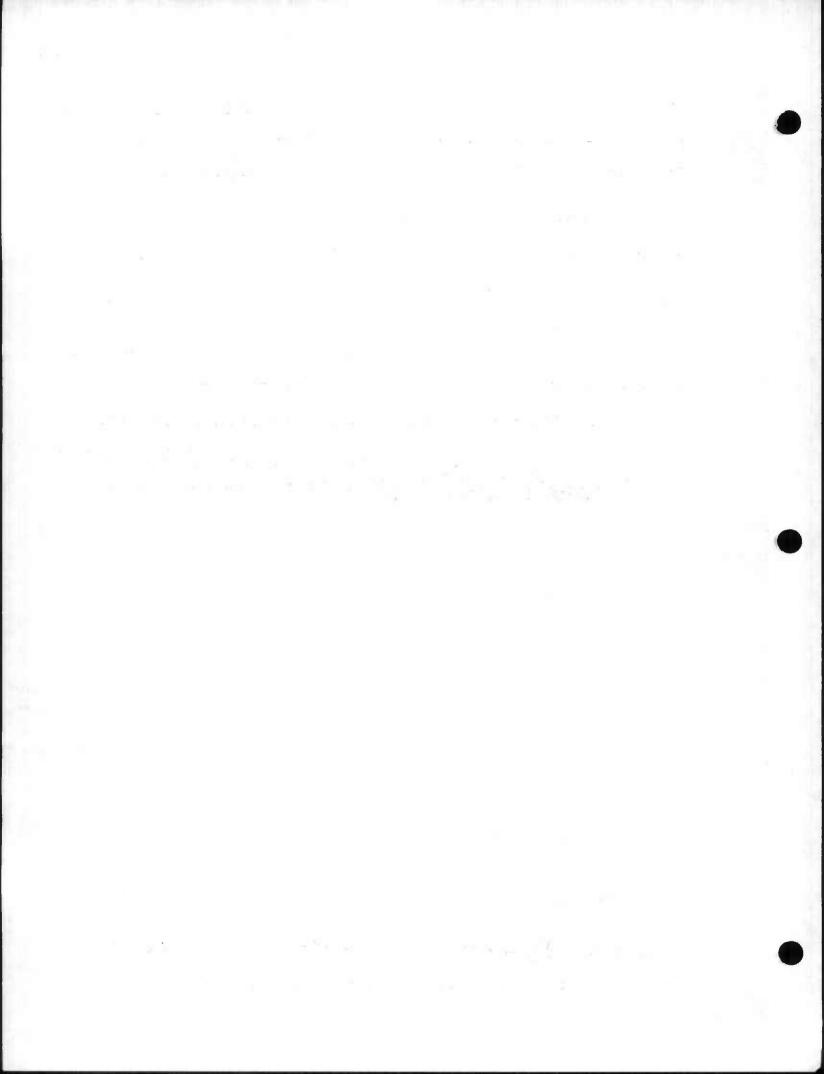
-2396

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

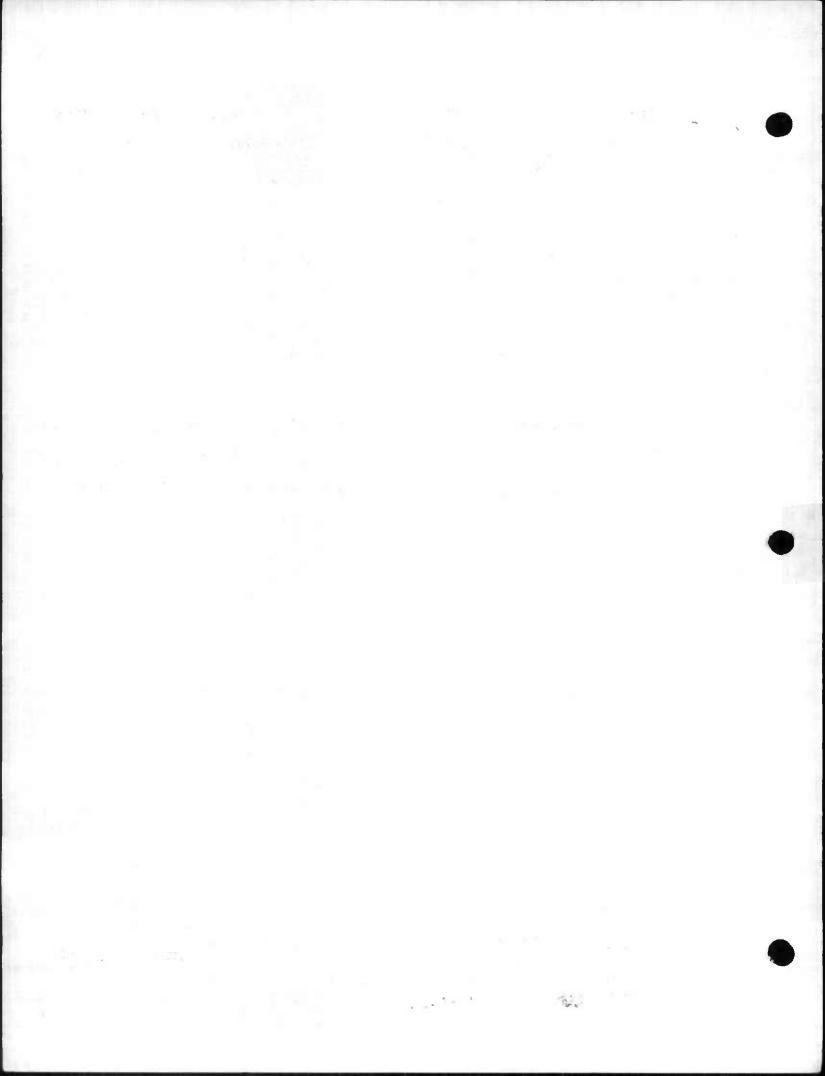
Dr. John Seymour, 122 Speer Road, Chestertown, Maryland 21620 32. Registrar a signature

Guka Savidson-Randell 31. Dete filed (Month, Day, Year)

State Registrar



Am	ended 3	#/	1/15/96, Please	Type or Print in E State of Marylan	d / Dep		f Health and	Mental Hyg	giene 9	6 24315
	Physic /Medi	an	1. Decedant's Nama (First, Middla, La	Irving SCOTT		, imouto		2. Data of Daa Month	Day 3. 1996	3. Tima of Death
	Examin Funeral Director	ner	4a. Facility Nama (If not institution, glasses) Sacred Hear 5. Social Security Number 6. S 216-54-8366 Usual Rasidance of Dacedant	T Hospita	/ last birthday) Yrs.	if Undar 1 Yo Months Da	4b. City, Town, or CULLOG aar If Undar 24 Hrs lys Hours Min.	8. Data of Birth	A11	of Death GAN Birthplaca (Stata or Foreign Country) OHio
	Maryland of show	tor	10a. Stata 10b. County Inaryland Alleg		y, Town or Lo	bur 9				10d. insida City Limits 12≅ Yas 2 □ No
	a or 28a	al Director	10e. Street and Number 22 Broadwa			10f. Zip Coo	1a 3 2		log. Citizen of W	
020	72 hours after death with the Maryland naturel; or items 23a or 28s4 show deal Exampler must be notified at	by Funeral	11. Marital Status 1 Married 2 Married 3 Widowed 4 Divorced	12. Was Dacedant Evar in U. Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas:	,S. 13.		of Hispanic Origin? (S Juban, Maxican, Puan	pecify Yas or No- to Rican, atc.)	14. Race	e - American Indian, k, Whita, atc.
Maryland 21215-0020	C	Be Completed	15. Decedant's E (Specify only highast gra Elementary/Secondary (0-12)	ducation da completed) Collega (1-4or 5+)	16a. Dece (Giva lifa.	dant's Usual Oc kind of work do DO NOT usa ra	cupation ona during most of wo tired)	rking	16b. Kind of Bu	
21	ges 1 and 2 should be filed within to fleath and Mental Hyglene. If item 27 is marked other than or other traumatic event, the Mental fleath and the Mental fleath and Mental	Сол		4+	1	Bar o	WNPM			Restaurant
and	over every	Be	17. Fathar's Nama (First, Middla, Last) UNENC					ma (First, Middla,		a)
IZ.	2 should be and Mental e marked o	2	19a. Informant's Name/Ralationship (19h Maili	ng Addrass (St	reet and Number or Ri	VKNOW I		State Zin Code)
N	1 and 2 : Health ar om 27 le		STOPHEN MAN	OPF	Ha:	zen R	d. Cum	berlow	d. ma	1. 21502.
Baltimore,	permit. Pages 1 and Department of Health Important: If Item 27 any Injury or other trence.		20a. Mathod of Disposition	20b. P	Placa of Dispo	osition (Nama o	Mawger !	Data	20c. Location -	City or Town, Stata
ij	Pag ment: M ury o		1 ☑ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specil	y) Fai	mily	Crupt	er y	1-96	cumbe	rland, Md.
3alt	Departm Departm Importal any inju		21. Signature of Funaral Sarvice Licer	1500			drass of Facility			
	005 e a		> Ernest a.	/ / / .		main .	ST. Lowa	CONING	. W. J. 3	
	Physician /Medical		23a. Part1. Enter the disease, or com- shock, or heart failure. List only Immediate Causa (Final disease or condition				dying, such as cardla	c or raspirator∳ aŕi	rast,	Approximata Interval Between Onsat and Death
	Examiner	lner	rasulting in death)	a. hyperkall b. Sevete A	rasa conse	quenca of):	acidus			IZhTS
Box 68760,	The law requires that the death certificate be executed its has been signed by the attending physician and page 2 should be detached for use as the buriel-transit	ledical Examiner	Sequantially list conditions, if any, leading to immadiata causa. Entar Undarlying Causa (Disassa or Injury that initiated avants rasulting in daath) Last	c. PUIT C	ON Th	quance of):	f diab	rtes		5)+5
SOX	th cert endin r use	an/N		d						
P.O.	ires that the death certificate be ex signed by the attending physician d be detached for use as the burie	by Physician/Medic	Part II. Other etgniftcant conditions of	ontributing to death but not rasi	ulting in tha u	indarlying cause	givan in Part f.			atribute to the cause of death? 3 □ Probably 4 ☑ Unknown
Division of Vital Records,	aw requires as been sign 2 should bo	Completed b						24a. Was a	an eutopsy med?	24b. Wara autopsy findings available prior to completion of cause of death?
E	ysician: The lav s certificate has director, page 2	Con						1 🗆 Y	as 20 No	1 ☐ Yes 2 ☐ No
Vita	clan: entific ector,	Be	25. Was casa ratarrad to medical axaminar?	Manaltali	,			ath (Check only o	na)	
of	Physic this c	To.	1 ☐ Yas 2 ☑ No		ER/Outpatie			foma 5 ☐ Rasid		
sion	After fune	Certification:	1 Natural 5 Pending 2 Accidant Invastigatio 3 Suicida 6 Could not b		28b. Tima o Injury	М	njuryat Work? 1 □ Yas 2 □ No			
Divi	E 전투 경		4 Homicida datarmined	building, atc. (Spacify	y)			City or Tow	n, Stata)	er or Rural Routa Number,
	To the Hospital within 24 hours of the Funeral completely filled	edical	29a. Certifiar 1 ☐ Certifying Ph (Check only one) 2 ☐ Medical Exar	ysician: To the best of my kno- niner: On the basis of examinal and manner stated.	wledga, daat tion and/or in	h occurred at the vastigation, in n	a tima, data and piace ny opinion, daath occu	e, and dua to tha d urred at tha tima, d	ausa(s) and ma lata end piace, e	nnar as stated. and dua to tha cause(s)
	of the omple	Mec	29b. Signatura and titla of qualifier	and marmar Stated.		29c. Lio	ansa number		29d. Data signed	1 (Month, Day, Year)
	- > - 0		Druget/M	ange		DO	1868		TITE *	1 1006
			30. Nama and addrass of person who		23a) (Type,		MD 21	537	JULY '	, 1996
ı	Sta Registr		31. Data filed North, Dy 1996	Juli 32 Meriders & Ro	-	, ,	V			



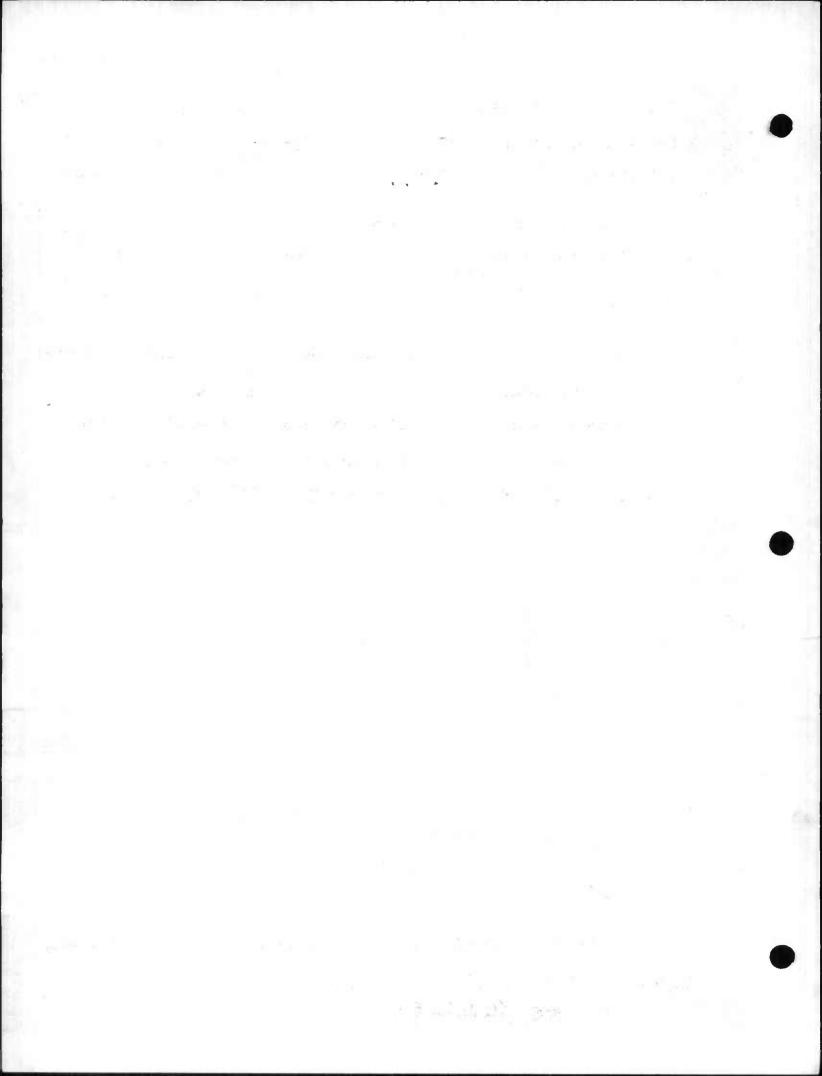
State of Maryland / Department of Health and Mental Hygiene 96 243 6

						Cert	ificate of	Death		Reg. No.	0 2	27010		
	Dhamis	·	Decedent's Neme (First, Middle, Last)						2. Deta of Da Month	ath Dey	Vees	3. Time of Deeth		
	Physici /Medi		Julius P.	Shutz					July	30 19	Year 196	1020149		
	Examir		4e. Facility Neme (If not institution, give st	reet end number)		-		4b. City, Town, or	Location of Death	4c. County	of Desth			
			North Arundel	Hospil	tal			Glen F	Burnie	Anne	Ar	undel		
	Funeral		5. Social Security Number 6. Sex	7. Age	(In yrs. last b		If Undar 1 Year Months Days		8. Date of Bir			lece (Steta or Foreign		
	Director		166-12-5782 Usual Residence of Decedent	M 2□F	76	Yrs.	WONTERS Days	Hours Will	4/5/2	0		yland		
	Aeryland Rahow	٥٠	10a. Stete 10b. County		10c. City, To						1	0d. Insida City Limits 1 ☐ Yas 2 No		
	he A	ect	MD Anne Arun	del	Anna	apoli								
	With I	P	10e. Street and Number 1187 Bayview Vist	a Dr.			10f. Zip Code	21401		10g. Citizen of What Country? USA				
21215-0020	ges 1 and 2 should be filed within 72 hours efter death with the Meryland it of Health and Mental Hygiene. If Item 27 Is marked other than "natural", or Items 23a or 28a-f ahow or other traumetic event, the Medical Examiner must be notified at	by Funeral Director	-	2. Was Decedent Ev Armed Forces? DXYas 2 No If Yes, Give Year or Dates:			es Decedent of les, specify Cul	Hispanic Origin? (S ban, Maxican, Puer	Specify Yas or No to Rican, atc.)	- 14. Rac Blac	a - Americ ck, White,	atc.		
2-0	72 ho	Completed	15. Decedent's Educe (Specify only highest grede	ation	16	16a. Decedent's Usuel Occupation			dina	16b. Kind of B	usiness/inc	dustry		
21	filed within 7 Hygiene. ther than "n ant, the Med	ple	Elementery/Secondary (0-12)	College (1-4or 5+)	lifa. DC	NOT use retin	during most of wo	rking					
		0	12		Corporate Pilot					Piston	Manu	facturer		
bu	A State	Be	17. Father's Neme (First, Middla, Last)					18. Mother's Ne	me (First, Middle,	Maidan Suman	7e)			
/a	Mental I	To	Julius P. S	Edith A	ckers									
Maryland	2 should and Men a marke aumatic		19a. Informent'a Name/Relationship (Type		19	b. Mailing	Address (Stree	t end Number or A			Stete, Zip	Code)		
	1 and 2 Health a em 27 ia		Susan L. Wi	nterbotto	m :	1187	Bayview	Vista D	Anna	polis, N	1D 2	1401		
altimore,	permit. Pages 1 a Depertment of Hee Important: if item any injury or othe once.		20a. Method of Disposition		20b. Plece	of Disposit	ion (Neme of tory or other pla		Data	20c. Location -		wn, Stata		
E	Pages nent of I int: if ite iny or of		1 ☑ Burial 2 ☐ Cremetion 3 ☐ Rei 4 ☐ Donetion 5 ☐ Other (Specify)	moval from Stete			e Cemet	1	3/3/96	York	Dλ			
=	Depertment Depertment Important: it any Injury o		21. Signature of Funeral Service Licensee	6	110		lama and Addr		3/3/30	TOLK	, IA			
B	permit. Depentiments Imports any Info		10.1.6	1 -		S	auter-I	rwin Fune						
			Nover C.	Arwi				ain St.,			PA 17			
	Physician /Medical		23e. Pent 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrast, shock, or heart feiture. List only one cause on each line. Approximata Intervel Batween Onset and Death mmediate Causa (Final lisease or condition B. CWO STAGE RENAL FAILURE (YEAR)											
	/Medical Examiner		disease or condition rasulting in daeth) a.					FAIL	VILE			1 YEAR		
		ē		Sepsi	ue to (or es	e conseque	ince of):				12	DAVIC		
	certificate be executed nding physician and use as the burial-transit	Examiner	Sequentially list conditions b.		be to (or es a	CONSEQUE	nce of):				0173			
o,	an ar		Sequentielly list conditions, if eny, leading to immediata cause. Enter Underlying Cause (Disease or injury	DIAMOT.	e ()	1181	1:00				1	-year (
68760,	te be ysicia	Medical	thet initiated events	Di	ua to (or as a	conseque	nce of):					((,,,,,))		
	ertifica ing ph e as th	B	resulting In death) Last								į			
Box	eath cert ettendin for use		d.								<u> </u>			
00	deeth e etter	icia	Part ti. Other significant conditions contr	buting to death but	not requiting	In the und	adulas courses s	han in Part I	22h Did	tohessa usa sa	ndelbuda te	the cause of death?		
0	that the de ed by the detached	Physician/	1					wen in Feit I.		Yee 2 No		pably 4 Unknown		
4	es that igned b	by P	HYPERTENSION	per	11/6	U	cen		'''	100 2 100	3 Prot	Saloty 4 Dollkhown		
Records,	iaw requires that the les been signed by the s 2 should be detache		DULASE							an sutopsy omed?	avi	era autopsy findings allable prior to		
ec	hes by	Completed								/		mptetion of causa desth?		
	The ate h	5							10	Yas 2 No	1 [Yes 212 No		
of Vital	ific or,	Be	25. Was case referred to medical examinar?		-			26. Place of De	eth (Check only o	one)				
£	0 0	2	1 ☐ Yes 2 ☑ No Ho	spitei: Inpatient	2 🗆 ER/0	Outpatient	3□ DOA O	ther: 4 Nursing I	Home 5 Resid	dence 6 Oth	er (Specify	y)		
	Jing Ph h. After th funeral	:uo	27. Menne√ of Death 1.☑ Naturel 5 ☐ Pending	28a. Date of tnjury (Month, Dey 1	rear) 28b.	Time of Injury	28c. Inju	ork?	28d. Describe	how injury occur	red			
sio		cati	2 Accidant Investigation				M 10]Yes 2□No						
Division	오류봇드	Certification:	3 Sulcide 6 Could not be determined	28e. Plece of Injury building, atc.		ferm, strae	t, fectory, office	17	28f. Location (: City or To	Streat end Numb wn, Stete)	er or Rura	I Route Number,		
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edicai (29e. Certifier (Check only one)	clan: To the best of a r: On the basis of a end manner state	xamination a	ge, death o ind/or inves	ccurred at the t tigetion, In my	lme, dete end plec opinion, death occ	a, end due to the urred at the time,	cause(s) end ma date end place,	anner as st and due to	ated. tha causa(s)		
	To the within 2 To the comple	Me	29b. Signatura and titia of certifier	0	1	. 0	29c. Lican	sa number		29d. Data signe	d (Month,	Day, Year)		
	->-0		Van H.SC	lemble	le 1	4/	02	8221 LIVE GC		July .	30,	1996		
			30. Neme end eddress of person who com	pleted cause of das	th (ttam 23a) (Type, Pr	nt)				4	^		
_			DAN H. SCHMEIBFE	ver, no	301	HOSP	ITAL D.	RIVE GC	en Bur	M 310	anyl	441)		

Registrar

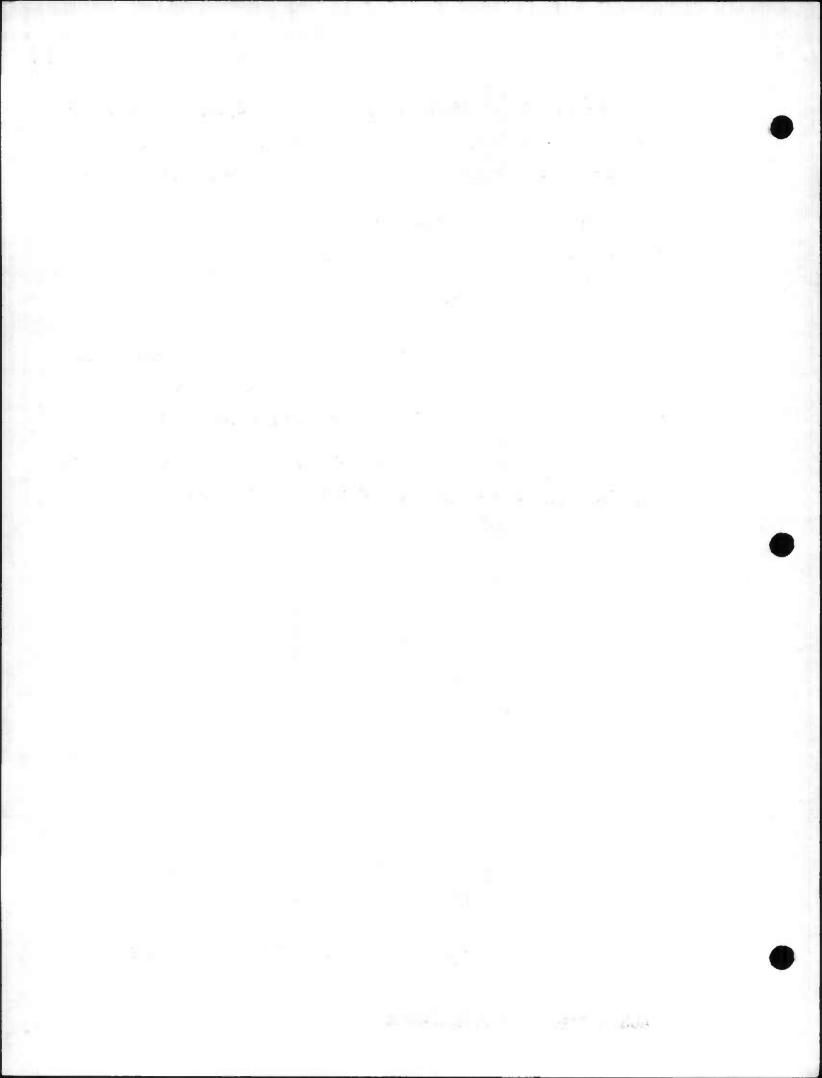
AUG 1 4 1996 Jan Davidson Reveal

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State of Maryland / Department of Health and Mental Hygiene 96

					Cei	rtificate o	f Death		Reg. No.				
Physic		1. Decedent's Name (First, Midd IRV	la, Last)	SAC	lows l	ću.		2. Data of Month	Death Day	1996	3. Time of Death		
/Med Exami		4a. Facility Name (If not Institution Harford Men		ber)		7		wn, or Location of De	eath 4c. Count	y of Death			
Funeral Director		5. Social Security Number 220-05-3755		Age (In yrs.)		If Undar 1 Ye Months Day	er If Under 2	24 Hrs. 8. Date of	Birth Dey, Year) 1 5, 1910	9. Birthp	oiace (State or Foreign on, MD		
Maryland H show	tor	Usual Residence of Decedent 10a. State 10b. County MD Ceci			, Town or Lo					1	0d. Inside City Limits		
3a or 28	Funeral Director	10a. Street and Number 590 Aiken Ave.		10f. Zip Code 21903						10g. Citizen of What Country? U.S.A.			
Description of the proof of the proof of the proof of the many of the proof of the	by Funera	11. Marital Status 1 Naver Marriad 2 Mar 3 Widowed 4 Divorced	If Yas Give	eas?	1	Vas Decedent of I Yes, spacify Co		nn? (Specify Yes or , Puerto Rican, atc.)	No- 14. Ra Bla	ce - Amaric ack, White, ty: Whi	etc.		
d within 72 hours af giene. or than "natural", or the Medical Expm.	Completed		nt's Education st grade completed) College (1-	4or 5+) 4	(Give life. L	lent's Usual Occ kind of work dor DO NOT use reti Chant	upation a during most red)	of working	16b. Kind of E				
d 2 should be filed within the marked other than traumatic event, the Manual traumatic event, the Manual traumatic event, the Manual traumatic event, the Manual traumatic event, the Manual traumatic event, the Manual tra	To Be C	17. Father's Name (First, Middle, Jacob Sadowsk	у					r's Na <i>me (First, Mid</i> nnie Zabl	dle, Meiden Suma	-	510		
1 and 2 sho Health and Pm 27 is me		19a. informant's Name/Relations Dorothy E. Sad	ship <i>(Type, Print)</i> OWSKY		19b. Mailin 590 A	ag Address (Stree Aiken Av	et end Numbe 7e., Pe	ror Rural Route Nu rryville,	MD 2190.	n, State, Zip 3	Code)		
emit. Pages 1 a Pepartment of Hee mportant: If Item iny Injury or othe		20a. Method of Disposition 1 △ Burlal 2 □ Cremation 4 □ Donation 5 □ Other (S		tate CI	ematary, cren	sition (Name of natory or other p non Ceme		Date 8/4/96	20c. Location				
permit. Pag Department Important: I any injury o		21. Signature of Funeral Service				. Name and Add	Irass of Facility						
Seth certificate be executed attending physician and for use as the burial-transit	clan/Medical Examiner	23a. Part1. Enter the disease, or shock, or heart lailure. List Immediate Cause (Finel diseasa or condition rasulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that infilated events resulting in death) Last	a	Due to (or pue to (or	my as a consequence of the conse	uence of): Hu sv uence of): kation uence of):	nall from	yfonction Large, on and	1 ++	ena	Approximata Interval Between Onsat and Death I hu I hu I hu		
hat the d d by the detached	by Physician	Part II. Other significant conditions Status	one contributing to dea	+.	newys	7	givan in Part I.	1	23b. Did tobacco use contribute to the cause 1 Yes 2 10 3 Probably 4				
ne faw s has t	Completed						,	р	/as an autopsy erformed?	cor of c	ere autopsy lindings allable prior to mplation of cause death?		
Physician: The this certificate	BeC	25. Was case refarred to medica examiner?						of Death (Check or			7165 20110		
d is	. To	1 ☐ Yas 2 ☐ No 27. Manner of Death	Hospital: 1 Inj		ER/Outpatien	1 3LI DOM		sing Homa 5 R	asidance 6 Ot		()		
or Attending Ph after death. Director: After th d in by the funeral	Certification:	1 Natural 5 Pendir 2 Accident investi 3 Sulcide 6 Could	gation	Day Year)	28b. Time of Injury		□Yes 2□N	10					
To the Hospital or Attending P within 24 hours after death. To the Funeral Director: After t completely filled in by the funeral	Certif	4 ☐ Homicide determ	ined 286. Placa o building	, etc. (Specify)	eet, lactory, offic		City or	n (Street end Num Town, Steta)				
he Hosp in 24 hos he Fune pletely fi	edical	29a. Certifier 1 Certifyin (Check only one) 2 Medical	g Physician: To the b Examiner: On the bas and manne	is of exa <i>m</i> inati	rledge, death on and/or inv	occurred at the estigation, in my	time, date and opinion, deat	place, and due to the courred at the tin	he cause(s) and m ne, date and place,	anner as st , and dua to	ated. the cause(s)		
Tot Tot	Σ	29b. Signatura and title of certilie	R. Con	nagl	6) 1719	5	29d. Date signo	196 (Month, I	Day, Year)		
151VA		30. Name and addrass of person VICENT		of of the (Item		Print)	,			1			
Sta Regist	-	31. Date filed (Month, Dey, Year) AUG 0 5 199		olstrar's Signat									
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burial-transit permit. Pages 1, 2, 3 should

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ATTE	ECTO	s afte	1 28
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within . Jours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1996

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Jalin Davidson Revolate

32. REGISTRAR'S SIGNATURE

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96 24318 Amended item #4 per F.D. 8/12/96 Carroll Co. P.L.C. FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY YEAR 1996 Smith 31 Helen Wachter July. 1:15PM 4. SOCIAL SECURITY NUMBER 219-12-1651 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 M 2 X F YRS. 1921 Mar. 4. Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH DIRECTOR Meridian Nursing Center Frederick Frederick RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a STATE 10b. COUNTY 10d. INSIDE CITY Union Bridge Maryland Carroll 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 4000 Starr Lane 21791 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 X NO Specify: Specify. ВҰ 3 🕅 Widowed 4 🗌 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. OECEOENT'S EOUCATION (Specify only highest grade comple 18b. KINO OF BUSINESS/INOUSTRY ndary (0-12) College (1-4 or 5+) farm wife dairy 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Samuel Summers Blanche Wachter BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Dale M. Smith/ son 4000 Starr Lane Union Bridge, MD 21791 20a. METHOD OF DISPOSITION
1 | Burlel 2 □ Cremation 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Resthaven Memorial Gardens Donation 5 Other (Specify) nr. Frederick, MD 21. BIGNATORE OF FUNERAL SERVICE LICENS 22. NAME AND ADDRESS OF FACILITY Hartzler Funeral Home Union Bridge, MD 1/23 23. PART I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory street, shock, or heart fallure. List only one cause on such line. Approximata Interval Between Onset and Death **IMMEDIATE CAUSE (Finel** disesse or condition resulting in death) le QUE TO (OR AS A CONSEQUENCE OF Years CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated evanta resulting in death) LAST PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a, WAS AN AUTOPSY PERFORMED? MEDICAL VA 1 TES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) OTHER: 1 YES 2 NO 1, Inpatient 2 ER/Outpatient 3 DOA 4 5 Nursing Home 5 - Rasidence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 1 Natural 8 Pending investigation M 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED a Could not be 4 Homicide determined 97 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day Year)

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21303

1996

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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	Physic		1. Decedent's Nar Beatrice		Last) Tillev				SH	Aι	12R		2. Dete of Do Month July	Dey	Year 996		me of Death
1	/Medi Examir		4a. Facility Nama			umber)				41	o. City, To	wn, or Lo	ocation of Deal		of Death		
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Н	Francis		5. Social Security		S. Sex		(In yrs. last bi		If Under 1 Ya	ar	If Under	LISE 24 Hrs.			COMI		tata or Foreign
ч	Funeral Director		246-28-64		1□ M 2□ F		72	Yrs.	Months De		Hours	Min.	8. Date of Bi (Month, D 08 29	y Year)	Cou	ntry)	tata or Foreign
	Director		Usuel Residence				12						00 29	23	NOLLI	1 Car	orma
	and w		10a. State	10b. County		1	10c. City, Tow	n or Lo	cation							10d. Ins	de City Limits
	Aary	ō	MD	Wicom	ico		Sali	sbur	y, Maryla	and							Yes 2□No
	the N	ect	10e. Street and Nu	unah au					101 7: 0.1	_				40 - OH - 4			
	5 6	Funeral Director							10f. Zip Code	ea .				10g. Citizan of	whet Cou	ntry	
	ath v	ra	406 Grove	Place						180					S.A.		
	ep i	- Pu	11. Marital Status		12. Wes De Armed F	orces?		13. V	Vas Decedent of Yes, specify C	of His luber	spanic Orl n, Mexicar	gin? (Spo , Puerto	ecify Yas or No Rican, etc.)	0- 14. Ra Ble	ce - Americk, White,		en,
20	or in	E		rried 2 Marrie	If Yes, G	2 ☐No			□Yas 2 N					Speci			
00	ours Fr	d by	3 🗗 Widowed	4 Divorced	Yeer or	Datas:								C poor.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Maryland 21215-0020	d 2 should be filed within 72 hours after death with the Maryland thend Mental Hygiene. 7 is marked other then "natural", or items 23a or 28e-f show traumatic event, the Madical Evanther must be notified at	Completed	(Spe	15. Decedent's acify only highest	Education prade completed	n	16a	. Deced	ent's Usual Oct kind of work do NOT use ret	cupe	tion u <i>ring mos</i>	t of work	ina	16b. Kind of E	usiness/in	dustry	
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a	bue m	ľ	19e. informent's N	Neme/Reletionship	(Type, Print)		19b	o. Meilln	g Address (Stre	eet e	n <i>d Numb</i> e	er or Run	ai Route Numi	er, City or Town	Stete, Zip	Code)	
	alth alth		Billie F	Ray Shaver			4	06 G	rove Plac	e,	Salis	bury.	MD 218	304			
e e	of Fe		20a. Method of Dis				20b. Plece o	f Dispos	sition (Neme of	ologo			Dete	20c. Location	- City or To	own, Ste	ete
9	ant o ht: H			Cramation 3 5 Other (Spe		n State	Mounta	in V	atory or other in	di	st	1	7/30/96	States	ille.	N.C.	
Baltimore,	permit. Peges 1 and 2 Department of Health Important: If Item 27 f any Injury or other tra once.		21. Signature O.F		•••	ΛΛ Λ	1			dress	s of Facilit	v Hol	Llower Fr	meral Hon			
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		l.	23a. Pert1. Enter shock, or he	tha diseese, or or ert feilura. List or	ily one ceusa on	caused the	ne deeth. Do	not ente	er the mode of o	dying	, such es	cardiec	or raspiretory	errast,	i	Appro	ximete al Between
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	certificate be executed iding physician and ise as the burial-transit	Сап	Sequentially list co	onditions,	J. —	Du	ue to (or es e	consequ	uence of):						1		
00	e exe		Sequentially list or if any, leeding to in cause. Enter Und Ceuse (Disease or that Initiated event	Inmediate lerlying													
68760,	hysic the b	lica	thet initieted event resulting in deeth)	ts Last	C	Du	ua to (or as a	consequ	iance of):								
9	ing p	n/Medical															
30X	_ 10	an			d										1		
B.	law requires that the death as been signed by the atter 2 should be detached for i	Physician	Pert II. Other signi	iffcant conditions	contributing to	death but	not resulting i	n the un	derlying causa	give	n In Pert I		23b. Dld	tobacco use co	entribute t	o the ca	use of death?
P.0	by the	Å,	ATRIAL FISRILLATION							1	1 Yes 2 No 3 Probably 4 Unk						
	s the	by F	ATRIAL	_ 1166	CILLY HON	,											
5	v requires that the de been signed by the s should be detached												24e. Wes	an autopsy		ere euto	opsy findings
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of Vital Records,	ician: The certificate rector, pag		25. Wes case refe	rred to medical							00 DI					_ res	20 No
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of	Phys this ral dii	<u> - </u>	27. Menner of Dea		28a. Dete	Urripatient		utpatient Time of	3LI DOA		4LINU			how injury occu		y)	
n	D 0 2	lon	1 Neturet	5 Pending	(Moi	nth, Day Y		Injury	28c. fr V		? ′es 2 □		Zod. Describe	now injury occu	IIeu		
S	the the	ical	2 Accident 3 Suicide	Investigat	be age Blee	o of Injury	At home for				65 2		20f Location	(Street end Num	har or Run	al Poute	Alumbar
Division	7 2 5 6	Certification:	4 Homicide	determin	build	ding, etc. ((Specify)	enn, sue	et, fectory, office	Ce .			City or To	wn, Stete)	per or right	17710010	rvaniper,
_	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by		20a Carillian	.)MA	Discolator T. H.												
	Fun fely	edicai	29e. Certifier (Check only one)	2 Medical Ex	Physician: To the taminer: On the t	basis of ex	xeminetion en	e, deeth nd/or Inv	occurred et the estigetion, in m	y opi	e, dete en inion, dee	d plece, th occurr	end due to the ed et the time	cause(s) and m dete and pieca,	anner as a end due t	tated. o the ca	use(s)
	the did	Me	-=:	d title of andiffer	and mai	nner state	d.		200 Line		aumbar		T	pod Data sles	od Manath	On V	- al
	5 × 5 8		29b. Signature and	due of cedities	Ìc				29c. Lice					29d. Deta sign	(Month,	Day, Ye	par/
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	Sta		31. Dete filed (Mor	nth, Dey, Year)	32.1	Registrar's	s Signature	P	J. IL								
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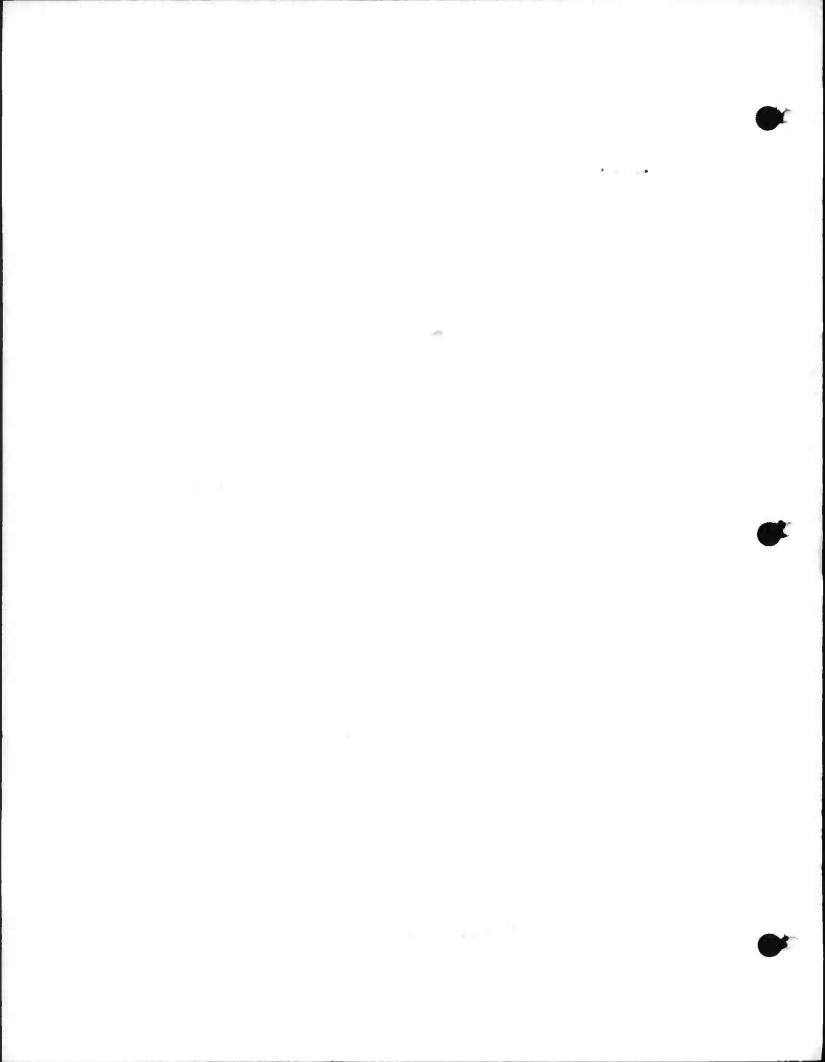
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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IV THE MOSTIAL DIRAL HENDING PHYSICIAN: THE law requires that the death certificate be executed within the house after death. Page 6 may be refailed by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hurrial-transit nermin pages 1.2 a chould
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARY	AND / DEPAR CERTIFI	TMENT OF H	IEALTH AND DEATH	MENTA	L HYGIEN	E	L 70 L 0			
	1. DECEDENT'S NAME (First, Middle, Lest) WILMA BARN	IES S	HIRLEY			2. DATE	UST 10	1996 ^{**}	3. TIME OF DEATH 5:00 AM M			
	4. SOCIAL SECURITY NUMBER 217-36-5968	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7 DATE	OF BIRTH	1.	BIRTNPLACE (State or Foreign Country) VIRGINIA			
TOR	98. FACILITY NAME (If not institution, give BROOKE GROVE NUR RESIDENCE OF DECEDENT				NEY	EATH		8c. COUNTY OF DEATH MONTGOMERY				
DIRECTOR		TGOMERY		LNEY	ION				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 18308 WACHS TERR	ACE		101	. ZIP CODE		UNITED STATES					
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 M Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	If yes, sp	ENDENT OF NISPA ecity Cuben, Mexic 2 NO Speci	en, Puerto	Y? (Specify Yes Ricen, etc.)	or No 14.	RACE — American Indian, Black, White, etc. Specify: WHITE			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad) Elementary/Secondary (0-12) 1 2	College (1-4 or 5+)	16e. DECEDENT'S (Give kind of wife. Do NOT use NURSE	ork done durina ma	DN st of working		PRIVAT					
COM	17. FATHER'S NAME (First, Middle, Last)	ADVEC	HOROL		18. MOTNER'S NA	AME (First,	Middle, Melden	Surname)	OL.			
BE	WILLIAM HARVEY B 190. INFORMANT'S NAME (Type/Print)	SARNES	19b. MAILING	ADDRESS (Street e	GEORG]		HAM		fa l			
10	EDWARD W. SHIRLE		18308	WACHS T	ERRACE,		Y, MD.	20832				
	20e. METNOD OF DISPOSITION 1 → Burlel 2 □ Cremetion 3 □ Rem 4 □ Donetion 6 □ Other (Specify)	noval from State Cer	MANASSAS"	F DISPOSITION (NO CEMETER	me of Y	8/15	/96 M		or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LI	Buch		MURIEL P.O. B	H. BARE	BER F	UNERAL TONSVI	HOME LLE, M	D. 20882			
	23. PART i. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Oue To (or As A consequence of):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
A	PART II. Other aignificant condition	na contributing to death b	out not reaulting in	the underlying	cause given in	Part I.	24a. WAS AN / PERFORI 1 YES 2	MEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN: MEDIC	DID TOBACCO USE CONT	RIBUTE TO CAUSE C	OF DEATH YES	S 🗆 NO 🗆	UNCERTAI	N []			1 TYES 2 NO			
ICIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 7 YES 2 N NO	HOSPITAL:	28. PLACE OF DEATH	(Check only one)								
ЭНХ	27. MANNER OF DEATH	1 Inpetient 2 ER/Out	26b. TIME	OF 28c. INJ	URY AT RK?	_	r (Specify) CRIBE HOW IN	JURY OCCURE	EO			
BY	Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	26s. PLACE OF INJURY		M 1 🗆 1	ES 2 NO	404 1 00	ATTION CO.					
ETED	4 Homicide 6 Could not be detarmined	building, etc. (Spe	offy)	reat, factory, orner			or Town, State)	id Number of H	tural Route Number,			
COMPLETED		ICIAN: To the best of my know ER: On the basis of examination							use(s) end manner es stated.			
BEC	296. SIGNATURE AND TITLE OF CERTIFIE	man MO			29c. LICENSE NUI	MBER		29d. DATE SIG	GNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WH	100.	ATH (ITEM 27) (Type,	Print)	121317	4		8-1	0-96			
	Dennis M. Han 31. DATE FILED (Month, Day, Year)	nnon M	34160	LANDW	ODD CO	ml	OLn	m P	12 20832			
	AUG1 5 1996	REGISTRAR'S SIGN	-Rardall									



State of Maryland / Department of Health and Mental Hygiene 95

						Ce	rtificate	of	Death			Reg. No.	, C	- 70	C 1
	Physic		Decedent'a Name (First, Middle Maw Tow	n led	Marv	Elizab	eth Tov	n1	ey		2. Dete of De Month	Day	Year 1996	3. Tim	44
Я	/Medi		4e. Facility Name (If not Institution		-	-111000				wn. or Lo	ocation of Deal		nty of Death		
	Exami	ner	Sina: Hosp						Balti				timore	City	,
	Funeral Director		5. Social Security Number 220-32-3472	6. Sex 1 □ M 2√2 F		s. last birthdey,	If Under 1 Months [Year	If Under Hours	24 Hrs. Min.	8. Dete of Bi 8 (Month, D.	rth	9. Birthp Coun		e or Foreign
	pur *		Usuel Residence of Decedent 10a. State 10b. County		10c (City, Town or L	ncation						14	Od Incido	City Limits
	Ba-f sho	Director	Maryland Ceci	1		ort Dep									s 2 No
	vith th	Dire	10e. Street and Number				10f. Zip C					10g. Citizen o	of What Coun	try?	
	a 23a	eral	317 Cokesbury I			11.0	2190			1.0.40		USA		1 4	
020	I within 72 hours efter death with the Maryland ilene. Than "natural", or flerna 23a or 28a-f show the Medical Examiner must be notified at	by Funeral	11. Merital Stetus 1 □ Never Married 2 ☒ Merri 3 □ Widowed 4 □ Divorced	Armed f	2 🕅 No Bive	0,5. 13.	wes Deceder If Yes, specify 1 ☐ Yes 2 Ž	Cubi	Specify:	gin? (Sp i, Puerto	ecity Yes or No Rican, etc.)	В	ace - Americ lack, White, c cify: Blac	etc.	
50	72 ho netur	eted	15. Decedent (Specify only highes	's Education	d)	18e. Dece	dent's Usuai (kind of work of DO NOT use	ocup	ation	t of work	ina	16b. Kind of	Business/Inc	lustry	
Maryland 21215-0020		Completed	Elementary/Secondary (0-12) 12 years	1	(1-4or 5+)		DO NOTuse etic w					VAMC P	erry F	oint	,Md.
nd	0 - 0 5	Bec	17. Fether's Neme (First, Middle,	•					18. Mothe	er's Nam	e (First, Middle	, Meiden Sum	eme)		
yla		2	Lawrence R. Coo	per					E1	va F	. Kell				
Mar	0 0 0		19a. Informant's Name/Relations	nip (Type, Print)								er, City or Tow	m, Stete, Zip	Code)	
	Heelt Heelt Heelt Heer		Linda D. Hall 20e. Method of Disposition		20h	Place of Disp	Transor	n C	ourt,		ton, M	d. 219 20c. Location		um State	
altimore,	Pages nent of ant: If its ury or o		1 Buriai 2 Cremation 4 Donetion 5 Other (S			Plece of Dispo cemetery, cre okesbur			ce) netery		996** ug.8,14	96 rt De			
Balt	permit. Peges Department of Important: If It any Injury or once.		21. Signature of Funeral Service I	igenspea	11	Le		att	erson	i & S		eral Ho	ome		
Ĩ	Physician		23a. Part1. Enter the disease, or shock, or heart tallure. List	or plicetions thet	caused the de each line.	eth. Do not en	ter the mode of	of dylr	ng, such es	cardiec	1 21903 or respiretory e	errest,		Approxim Interval B Onset an	etween
	/Medical Examiner		Immediate Cause (Finel disease or condition resulting in death)	a. M	LOCE.	13 cl _	(~ f	5 L-1	ctio	и				600	eeks
	nskt	Examiner		b. <	ovenz	A	when	1	Do	·e> s	و			~10	204
60,	certificate be executed ding physician and se as the burlel-transit	al Exa	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Dissess or Injury	4.		Laus 1								~ 20	~~>
68760,	physi s the	edical	thet initiated events resulting in death) Last		Due to	(or es a consec	quence of):								
Box 6		3		d	sels?	eles	Mail	12.	4-5					~ 20	7-3.
P.O. E	that the death led by the etter detached for u	Physician	Parl II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributing to death but not resulting in the underlying cause given in Part I.											of death?	
	es the	by F						_			7				
Division of Vital Records,	been s should	Completed										an eutopsy ormed?	ave	ere autops allable prio mpletion o death?	r to
ž	0 - 0	mo;									10	Yes 2□No	10	Yes 2	No
Ita		Bec	25. Was case referred to medical examiner?						28. Plece	of Deat	h (Check only	one)			
	5 00	ို	1 ☐ Yes 2 € No		-	☐ ER/Outpatie	-	Oth	4 LI NE	rsing Ho	me 5□Res	Idence 8 🗆 O	Other (Specify	1)	
noi	After fune	atlon:	27. Manner of Death 1 Neturel 5 Pending 2 Accident Investig		e of Injury onth, Dey Year)	28b. Time of Injury	of 28c	Injur Wor	yet k? Yes 2∐		28d. Deacribe	how Injury occ	urred		
Divis		Certification:	3 Suicide 6 Could n 4 Homicide determi	ned 286. Plac	ce of Injury - At ding, etc. (Spec	home, farm, st	reet, fectory, o	ffice				(Street end Nur wn, Stete)	mber or Rura	/ Route No	ımber,
	To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by	edical (29e. Certifier (Check only one) Certifying 2 Madical E	Physician: To the examiner: On the and ma	e best of my kr basis of examir nner steted.	nowledge, deet netion and/or in	h occurred at t vestigetion, in	he tir my o	ne, date an pinion, dee	d piece, th occurr	and due to the red at the time,	cause(s) and r dete end plece	manner as at e, and due to	ated. the cause)(s)
	vithin 2 To the	M	29b. Signature end title of certifier	1000					e number			29d. Dete sign	ned (Month, I	Dey, Year)	
			30. North and address of person v Jeffrey D. W. K	M cran	0		AS :	24	0232	1-2	w-9035	Auc 2	1996	S	
1	t		30. Nente and address of person v	who completed cau	use of death (Ite	em 23a) (Type,	Print)				2014		11-	0	215
			rettred n M. K		N Z	M 101	254 3	211	16 gen	R	Belt	move	MD	20	213

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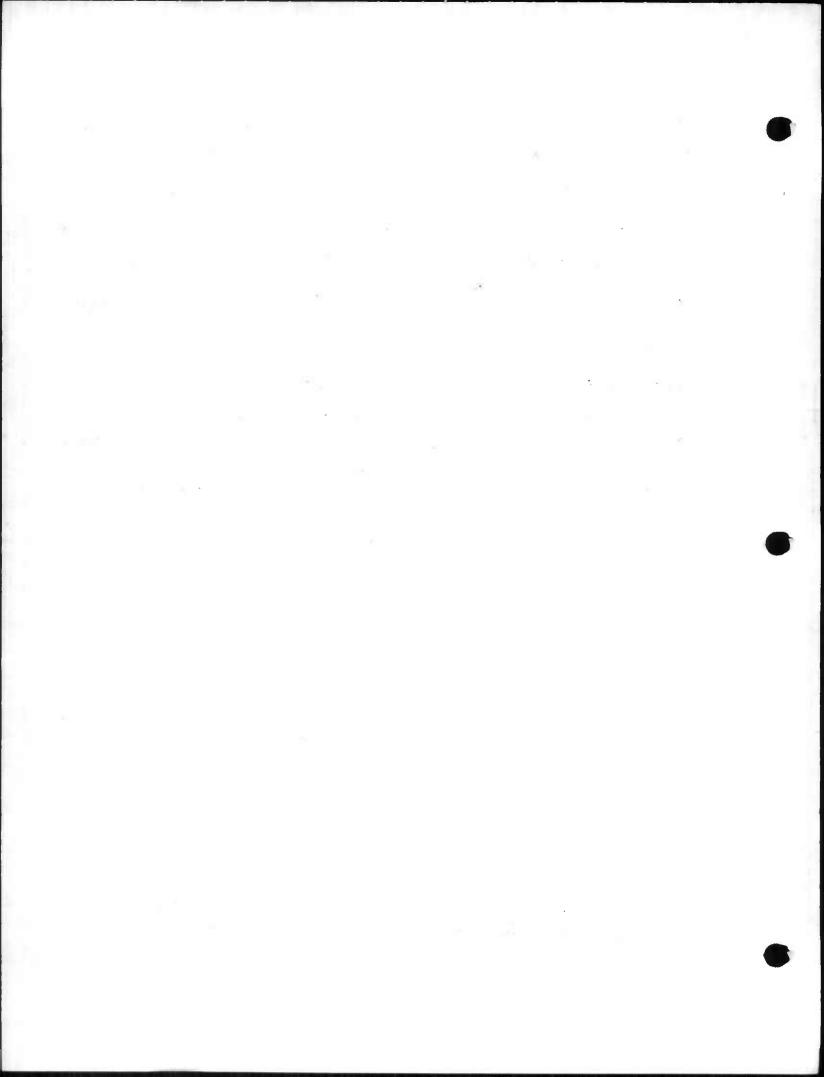
Registrar

AUG 05 1996

The strength of the second of S. C. C. randse ign " in The Let W State with the property of the state of the

fler death. Page 6 may be retained by the hospital or attanding physician. The funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should oval. all examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	9a. FACIL 71 RESIDI 10a. STAT Mar' 10e. STRI 71 11. MARIT 1
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PAR IMMEDI disease reaultin Sequen if any, i cause. I CAUSE that inili PART II DID 25. WAS (EXAM 1

FOR 1 - STATE REGISTRAR	8	STATE OF MARYL				F HEALTH		MENTAL	HYGIEN REG. NO.	E	- 10 Lm 6	-
1. DECEDENT'S NAME (First	Middle, Last)					, DEF			OF DEATH		3. TIME OF DEATH	
Vernon	м. т	indley						July		1996	7:18 p	М
4. SOCIAL SECURITY NUME	ER 5.	SEX 6. AGE	(in yrs, last		IF UNDER 1 YE		ER 24 HRS.		OF BIRTH Day, Year)	6.	BIRTHPLACE (State or Forei Country)	ign
221-18-029	71 "	M 2 F	65	YRS.	ONTHS DA	YN OR LOCAL		Sept	.30,		Delaware	
7121 Ceda	1000	633.63.65		- 10		Hi1		EAIH		4.1116	ester	
RESIDENCE OF DEC		ROAU			SHOW	HII	T			MOLG	ester	
	10b. COUNTY					_					10d. INSIDE CITY LIMITS?	
Maryland	Worce	ster		Sr	low H		DE			100 CITIZEN		0
	artown	Road										
11. MARITAL STATUS		WAS DECEDENT EVER	N U.S. ARN	NED						or No- 14	RACE American Indian.	
		IF YES, GIVE WAR OR I	DATES						neam, area)		Specify:	
			1	EDENT'S II	SUAL OCCUE	PATION		166	KIND OF BUIL	INCOME STATE OF TH	Black Black	
(Specify onl	y highest grade com	pleted)	(Gh	e kind of wo	rk done during		king	100.	KIND OF BU	SINESS/INDUS	TRI	
12	,		I	aboı	cer				None			
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The same											,	
		20	_				KQ.					
1 Burlel 2 Cremetic	on 3 Removal	from State ce	metery, crer	natory or oth	er place)	rch	Com	7/2			AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	
		EE	11101	0.1	22. NAM	E AND ADDR	ESS OF FA	ACILITY			IIC/DL	
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reaulting in death)	→ a	Muttiple	pv	lyelo.	ma						J/241	5
		DUE TO (OR AS	A CONSEC	UENCE OF)	:							
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cause. Enter UNDERLY	ING											
that initiated events	·	DUE TO (OR AS	A CONSEC	UENCE OF)	:							
resulting in death) LAS	d											
PART II. Other significa	ent conditions c	ontributing to death	but not n	sulting in	the under	lying cause	given in	Part I.			24b. WERE AUTOPSY FINE	DINGS
										1	COMPLETION OF CA	
Maryland Worcester Snow Hill Committee			0									
DID TOBACCO U	ISE CONTRIB	UTE TO CAUSE	OF DEA	TH YES	□ NO	VI UN	CERTAI	N 🗆				
25 WAS CASE REFERRED 1		OSPITAL -	26. PLAC			one)						
	L.A.					Home 5	Basidanca		r (Specify)			
1 YES ND			tpatient 3	LI DOA	T C THE SAME		Tie side lice	o L Othe				
1 YES ND 27. MANNER OF DEATH	1 (28e. DATE OF INJURY	tpstlent 3	28b. TIME	OF 28c	INJURY AT WORK?		7	CRIBE HOW I	NJURY OCCU	RED	
EXAMINER 1 YES ND 27. MANNER OF DEATH 1 Netural 5 2 Societation	Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)		28b. TIME INJU	OF 28c	INJURY AT WORK? YES 2		28d. DES				
EXAMINER OF DEATH 1 YES ND 27. MANNER OF DEATH 1 Netural 5 2 accident 3 Suicide 8	Pending Investigation	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR	tY — At hou	28b. TIME INJU	OF 28c	INJURY AT WORK? YES 2		28d. DES	ATION (Street	and Number or		
EXAMINERO 1 YES 2 ND 27. MANNER OF DEATH 1 Netural 5 2 Suicide 8 4 Homicide 29a. CERTIFIER	Pending Investigation Could not be determined	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR building, etc. (Sp	IY — At hou	28b. TIME INJU	OF 280 RY M 1 reet, factory,	INJURY AT WORK? YES 2 office	□ NO	28d. DES	ATION (Street or Town, State)	and Number or	Rural Route Number,	
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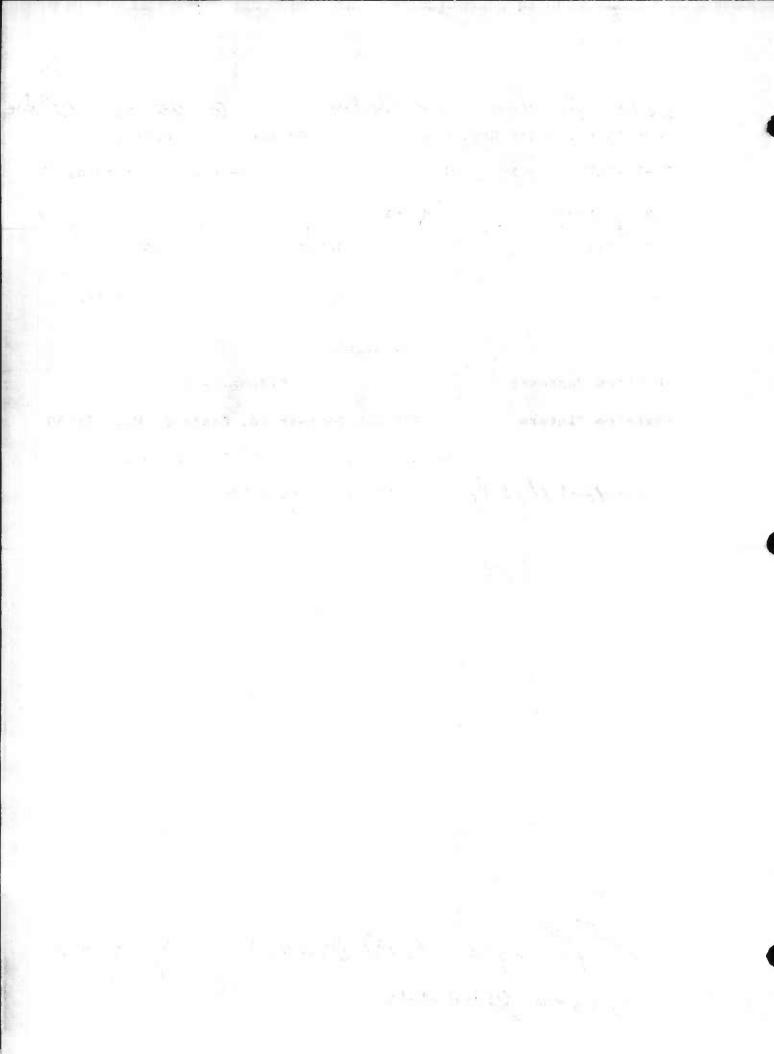


Please Type or Print in Black indelible Ink. Assure All Copies Are Legible. ITEMS: 24a,27, PER DR. FILM G-738 State of Maryland / Department of Health and Mental Hygiene Q 8/15/96 t.t Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** Waw AM 25 /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Dennett Rd. Manor Nsq. Home Oakland Garrett Hours Min. 8. Data of Birth (Month, Pay, Year) 2-8-05 7. Age (In yrs. last birthday) If Under 1 Year Months Deys 5. Social Security Number 9. Birthplece (Steta or Foreign **Funeral** 1□M 2√2 F 234-70-1696 91 Yrs Director Aurora, Usual Residence of Decedent the Meryland 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits show 7 is marked other than "naturel", or itema 23a or 28a-f sho traumatic event, the Modical Expresser must be not that at WV Preston Aurora Director 1 ☐ Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? death with Box 211 26705 USA Funeral 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yes 2 ②No If Yes, Give Yaer or Dates: Was Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuben, Maxican, Puarto Rican, etc.) 14. Race - Amarican Indien, Bieck, Whita, etc. 11. Marital Status permit. Peges 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: If frem 27 is marked other than "naturel", or then any injury or other traumatic event, the Medical Examples. 1 ☐ Nevar Marriad 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No þ Specify: White 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usuet Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) OWN HOME Homemaker 17. Fethar's Nema (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be William Hardesty Cyrena Lantz 2 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Beatrice Winters 707 Ben Dennett Rd. Oakland, Md. 21550 20b. Piece of Disposition (Nema of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremetion 3 Ramoval from State 4 Donation 5 Other (Specify) Stemple Ridge 6/27 Aurora, 21. Signature of Fugeral Service License 22. Neme and Address of Facility Hinkle Funeral Home 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart feiture. List only one cause on each line. **Approximate** Onsel and Death **Physician** /Medical Immediete Cause (Final diseesa or condition resulting in death) Examiner Due to (or es e consequenca of) Examiner nding physician and use es the burial-transit Sequentielly tist conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initieled events resulting in deeth) Last Due to (or es a consequ P.O. Box 68760. certificete be Physician/Medical Due to (or es e consequenca of) 5 detached Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by should be detac 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. þ 24b. Were autopsy findings available prior to completion of causa of death? 24e. Wes an autopsy performed? Completed has 1 □ Yas 2 No 1 ☐ Yes 2 ☐ No certificate To the Hospital or Attending Physicien: within 24 hours after death.

To the Funeral Director: After this certifical completely filled in by the funeral director; 25. Wes case referred to medical Be 26. Plece of Deeth (Check only ona) exeminer? Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA Other: 4 Nursing Homa 5 Rasidence 8 Other (Specify) 2 1 Yes 2 No 27. Menner of Death 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: 5 Pending investigation 1 Netural 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide edical 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the cause(s) and menner as steted.

2 Medical Examiner: On the besis of examinetion and/or investigetion, in my opinion, death occurred et the time, dete end piece, and due to the cause(s) end menner stated. 29e. Certifier (Check only one) 29b. Signeture end title of contine 29c. Licensa number 29d, Data signed (Month, Day, Year) 30 Name and edd ause of deeth (item 23e) (Type, Print)

State



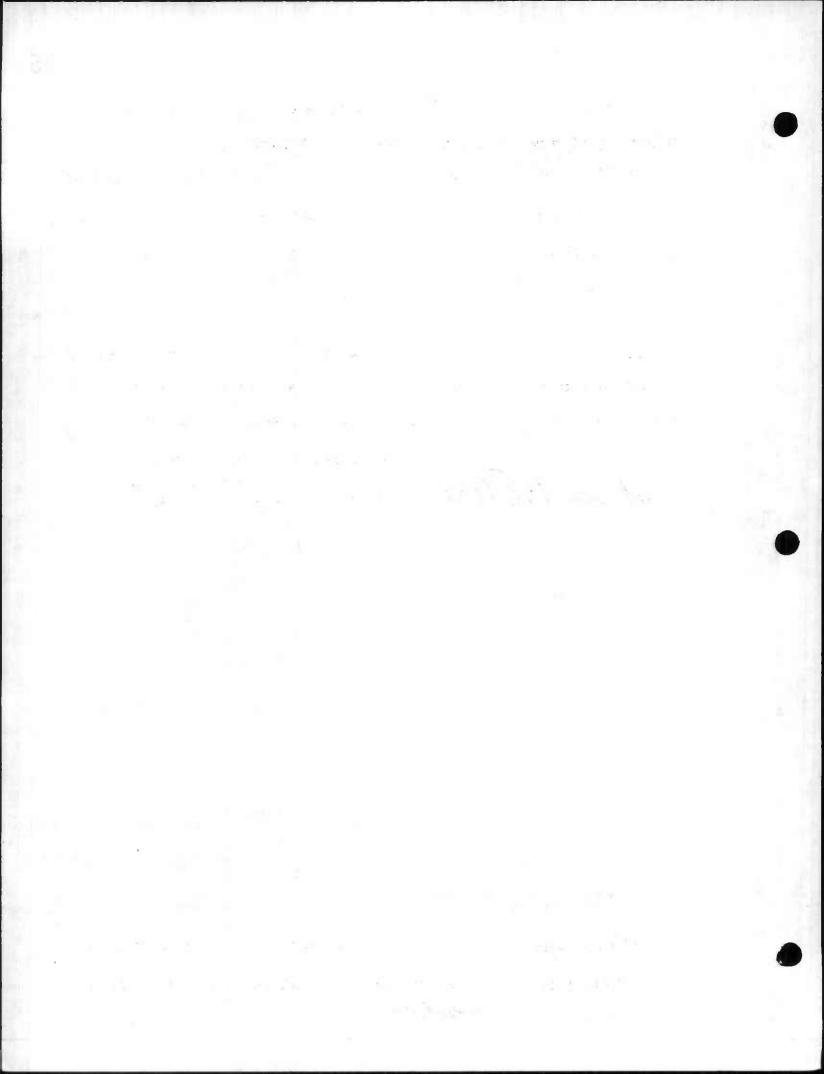
State of Maryland / Department of Health and Mental Hygiene 96 24324

						Cer	tificate of			Reg. No.) (4064
			1. Decedant's Nama (First, Middla, La	st)					2. Data of De Month	eath	V	3. Tima of Death
	Physici /Medic		Robert Price Will	iams					August	4 I	996	2115
	Examir		4a. Facility Nama (If not institution, giv	a street and number)				4b. City, Town, or	Location of Deal	th 4c. County	of Deeth	
			Medpointe Continu	ing Care I	acili	ty		Elkto	n		ecil	
	Funeral		5. Social Security Number 6. S	ax 7. Age	(In yrs. last		If Under 1 Yee Months Dev	r If Undar 24 Hr	s. 8. Deta of Bi			place (Stata or Foreign
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

24326

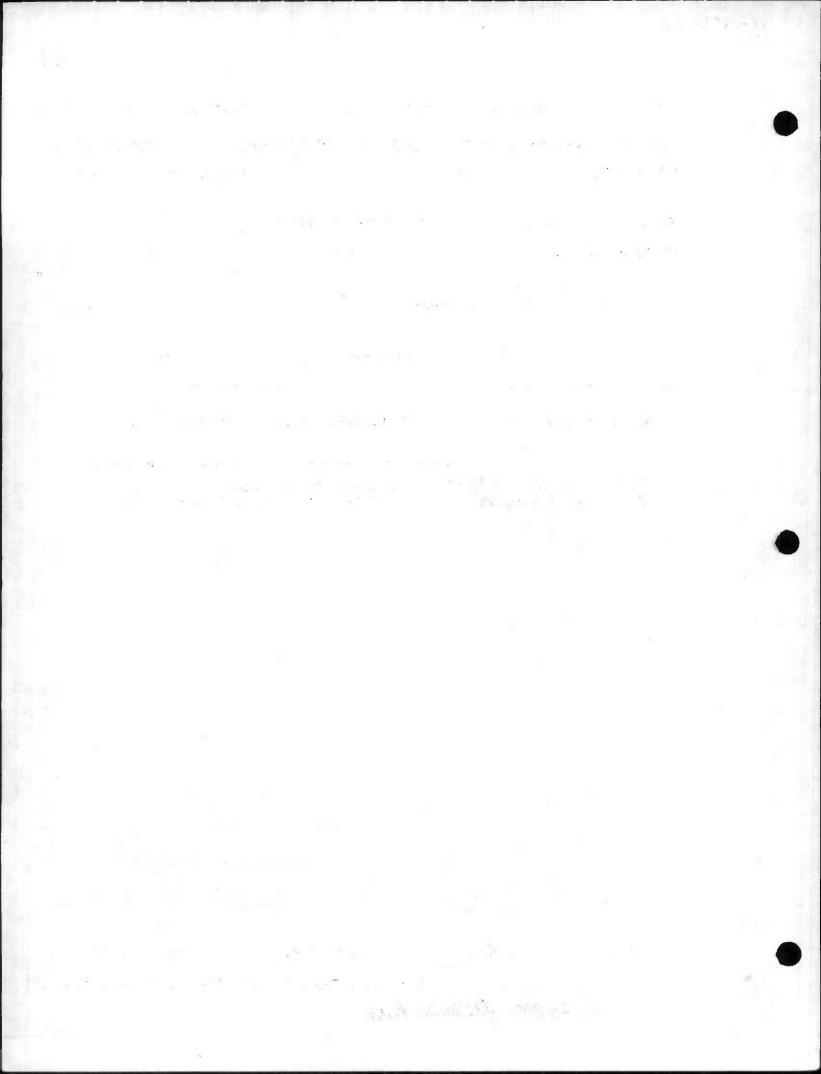
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m	Ded gring your		William K-to-	Rau	isch Fu	neral Home	, P.A.	, Owing	ıs, M	D 20736
			23e. Pert1. Enter the disease, or complications that caused the shock, or heart fellure. List only one cause on each line.	deeth. Do not enter	the mode of o	tying, such es cardiec	or respiretory	errest,		Approximete Interval Between
	Physician (Marking)		Lamberdate Course (Florid							Onset end Deeth
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	uted d ansit	Examiner	b. Conges	to (or es e conseque		FAILUNG			1	ns
o,	an en		Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury		inice ory.				1	no
68760,	icate be executed physician end s the burial-transit	licai	Ceuse (Diseese or Injury thet Initieted events resulting in deeth) Lest	to (or es e conseque	nce of):				/	
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Bo	5 5 5	clan	_ v.							
o.	y the de	Physicia	Pert II. Other eignificant conditions contributing to death but no	t resulting In the unde	erlying cause	given in Pert i.				o the cause of death1
4	es thet the death igned by the atte be deteched for	by Pt				——————————————————————————————————————	1	Yee 32 No	3 Pro	bably 4 Dunknow
Records,	v requires been sign should be	Da Da						s en autopsy	24b. W	ere autopsy findings
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ita	iclan: The	Bec	25. Wes case referred to medical			26. Plece of Deetl				
of Vital	5 00	To	exeminer? 1 Yes 2 No Hospitel: Inpatient	2 ER/Outpatient	3□ DOA	Other: 4 Nursing Ho	me 5 Res	idence 6 🗆 Oth	ner (Specif	(y)
o L	ng Ph fter th ineral		27. Menner of Deeth 1 Neturel 5 Pending (Month, Dey Yea	ar) 28b. Time of injury	28c. Ir		28d. Describe	how injury occur	red	
Sio	Attending Isr death. ector: After by the funer	cati	2 Accident Investigation			Yes 2 No	000 1			
Division	or At efter of Direction by	Certification:	4 Homicide determined 28e. Placa of Injury building, etc. (S)	At home, ferm, street pecify)	t, fectory, offic	ce I		(Street end Numi own, Stete)	er or Rura	11 Route Number,
	Hospital 24 hours Funeral letely filled		29a. Certifier Certifying Physician: To the best of my	knowledge, deeth o	ccurred et the	time, dete end place.	end due to the	cause(s) and m	enner as s	teted
	To the Hospital or Attending I within 24 hours effer death. To the Funeral Director: After completely filled in by the funer	edical	(Check only 2 Medical Examiner: On the basis of examiner end menner steted.	minetion end/or Inves	stigetion, in m	y opinion, death occurr	ed et the time	, dete end piece,	end due to	the cause(s)
	To the Tour	×	29b. Signature and title of cartifier		29c. Lice	ense number		29d. Date signe	d (Month,	Dey, Year)
			Setter. Leen 1	no	102	4640		8/21	96	
	7	1	10. Neme end eddress of person who completed cause of deeth	(Item 23e) (Type, Pri					-6	
	1		Dr. Peter Gleason		Pr.	ince Freder	rick M	D 20678	3	
	Sta		31. Dete filed (Month, Dey, Year) AUG - 5 1996	signeture						
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State of Maryland / Department of Health and Mental Hygiene 96 21, 327

			,		Certifi	cate of	Death		Reg. No.	0 4	4021
Dhou		Decedent's Name (First, Middle,	Last)					2. Date of D	eath	u s	3. Time of Death
	siciar ledica	DAUTD	CHARLES	WHIT	ΓE	II		JULY	27, 19	96	1040PM
	imine	4 - F 10 - 11					4b. City, Town, o	or Location of Dee			1040111
		PENINSULA REC	SIONAL MEDIC	AL CI	ENTE	R	SALISBU	TRY	WICO	MTCO	COUNTY
Fune	eral		6. Sex 7. Age (In	yrs. last birth	dey) If	Under 1 Year onths Deys	If Under 24 H	rs. 8. Date of Bi	rth		lece (State or Foreign try)
Direc	tor	213-70-7981	1⊠M 2□F 38	Υ	rs.	wittis Deys	Tiours IVII	March 10	0, 1958		rginia
pur *		Usual Residence of Decedent 10a. State 10b. County	100	. City, Town	or Locatio						
fanyli		,					D 11			10	0d. Inside City Limits 1 ☐ Yes 2 ☐ No
the A	Olrector	Maryland Worc	ester	Uceai			Berlin				
Nore, Maryland 21215-0020 ges 1 and 2 should be filed within 72 hours after death with the Maryland tof Health and Mental Hygiene. If filem 27 is marked other than "natural", or terms 23a or 28s-f show or other traumatic event.	È	#8 Capetown Rd			11	Of. Zip Code 2 18 1	1.1		10g. Citizen of USA	Whet Count	iry?
aath rs 23	Financial	11. Maritel Status	12. Was Decedent Ever	in II C	12 14/22			(O)(- L- P-
har d	1 0	1 Never Married 2 Marrie	Armed Forces?	11 0,3.	If Yes	s, specify Cub	an, Mexican, Pue	(Specify Yes or No arto Rican, etc.)	Bla	ca - America ick, White, e	
020 Jrs at	2	3 ☐ Widowed 4 ₺ Divorced	If Yes, Give Year or Dates: Coas	tGuard	1 🗆 Y	res 2⊠ No	Specify:		Specif		
2 hot	3		Education	16a. C	ecedent's	Usual Occup	patlon		16b. Kind of B		White
215 hin 7	Completed	(Specify only highest Elementary/Secondary (0-12)	grade completed) College (1-4or 5+)	- 9	Give kind life. DO N	of work done IOT use retire	during most of w	rorking			20117
21 Williams	E C	12	0	Ca	arper	iter			Const	ructi	.on
	Be B		ist)				18. Mother's N	ame (First, Middle	, Maiden Sumar	ne)	
Maryland 21215-0020 d 2 should be filed within 72 hours aft th and Mental Hygiene. Th's marked other than "natural", or traumatic event.	9	David Charles	White				Mary	Jane	Ward		
2 sho and ls ma		19a. Informant's Name/Relationshi	(Type, Print)	19b. I	Mailing Ad	Idress (Street	and Number or I	Ru <i>ral Rou</i> te Numb	er, City or Town	, State, Zip	Code)
1 and 27 Haaith om 27 I		David C. White	/father	2	14 N.	Camde	en Ave.,	Fruitla	nd, MD 2	21826	
Baltimore, Normal. Pages 1 and Department of Haaith Incomment: If Rem 27		20a. Method of Disposition 1 ☑ Burlal 2 ☐ Cremation		b. Place of Cometery,	Disposition cremator	(Name of y or other pla	ce)	Dete	20c. Location	- City or Tov	wn, State
Baltimore, Johnney of Haa mportent: If New 2		4 □ Donetion 5 □ Other (Spe		Fair 1	Lawn	Cemete	rv	7/30/96	Onanc	ock,	VA
Ball permit. Departm imports any inju	g	21. Signature of Peneral Service Li	censee MOIC	15/	22. Nar	ne and Addre	ss of Facility				
m 80 2 8	8	Vario	(Hommon)				Funeral	., Salis	hury MD	2 180/	
		23e. Pert1. Enter the disease, or c shock, or heart tellure. List of	omplications that caused the d	leath. Do no	t enter the	mode of dyi	ng, such as cardi	ac or respiretory	errest,		Approximate
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/Medic Examin		Immediate Cause (Final disease or condition	Hence	IIn	ino	PC					
CXAIIIII		resulting in death)		o (or es e co							
D :	Examiner		■ b								
and tran-tran	Xam	Sequentially list conditions,	Due t	o (or as a co	nsequenc	e of):					
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Geath certificate be executed the attending physician and office as the burial-transit and for use as the burial-transit	edicai	thet initiated events resulting in death) Last	Due to	o (or as e co	nsequenc	e of);					
BOX 6 leath certific attending p	Ž		d								
ath cather	lan										
uires that the deal signed by the a	Physician/	Part II. Other significant condition	contributing to death but not	resuiting in t	he underly	ing cause giv	ven in Part I.	23b. Dld	tobacco uae co	ntribute to	the cause of death?
T. C. Ihat the ed by the datache	윤							1 🗆	Yee 2 No	3 Prob	ably 4 Unknown
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cord v requir been si	Completed							perfe	an autopsy ormed?	ava	re autopsy findings Illable prior to apletion of cause
Hec e law has b	Q E						<u> </u>	Inspe	ction	of d	leath?
= F # 2								1 🗆	Yes 2 No	10	Yes 2 No
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Phys rai di	5		1 Latinpatient 2	2 ER/Outp		T DOW	4 Li Nursing	Home 5 Resi)
	Certification:	1 Naturel 5 Pending investiga	28a. Date of Injury (Month, Day Year		iry 4 M	28c. Injur Wor	yai k? Yes 2 □ No	100	how Injury occur		
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To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edical		aminer: On the basis of exam and manner stated.	Ination and/o	or Investig	etion, in my o	pinlon, death occ	curred at the time,	date and place,	and due to	the cause(s)
o the	Z	29b. Signeture and title of certifier				29c. Licens	e number		29d. Date signe	d (Month, E	Day, Year)
->-0		Ma.	101 1			0.0	M				
		30. Name and address of person wh	o completed cause of death /	tem 23e\ /T-	me Drine	0.0.	M.E.		JULY 2	8, 1	996
7,48		Dennis	Chute MD			nn St	reet	Raltimo	re Ma	rwla	nd 21201
	State	31. Date filed (Month, Day, Year)	32. Registrar's Si	gnature	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		TOT CHILL	TE, MC	тута	11G Z1ZUI
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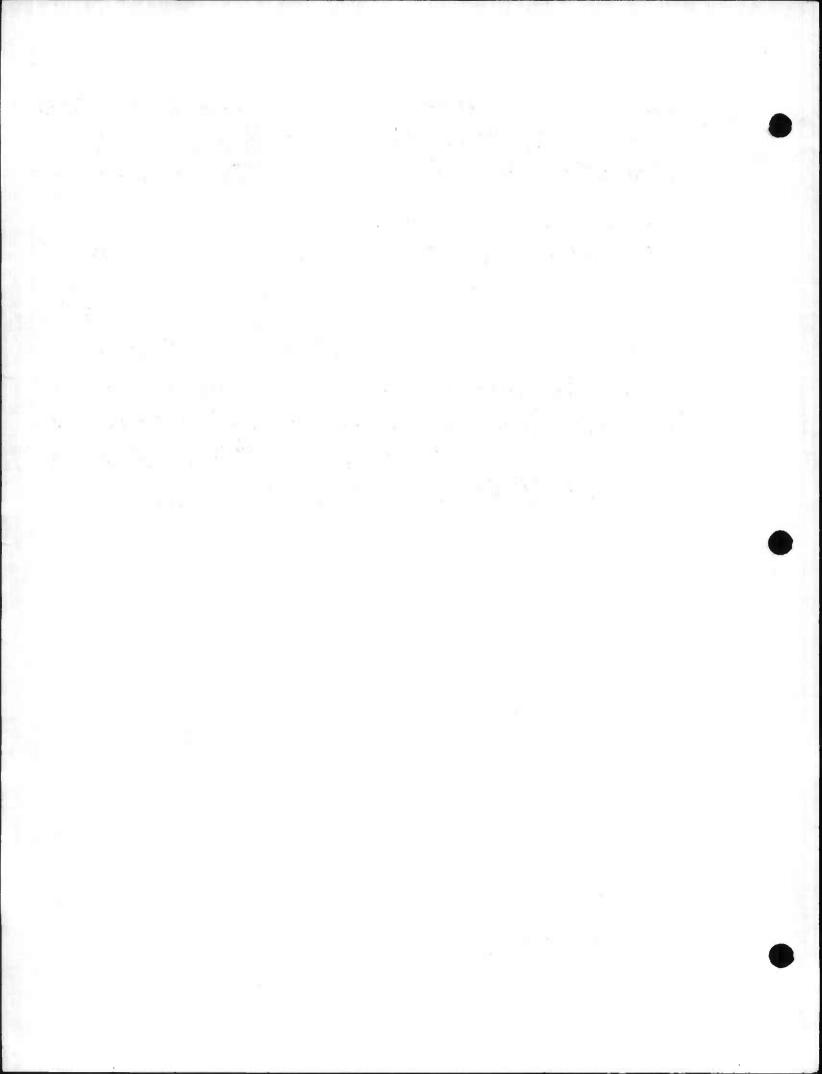
						Certificate	e of	Death		Re	g. No.			
	Day Sto		1. Decedant's Name (First, Middle, L	ast)						2. Data of Death	The second second	ev.	3. Time of Death	
а	Physic		RI	CHARD H. W	OOTTEN					JULY	17 1	Yaar 996	7:55P.M.	
	/Medi		4a. Facility Nsma (If not Institution, g				-	4b City Tow	n or Lo	ation of Deeth	4c. County		7.551.11.	-
4	Examir	ner			,									
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п	Funeral		214-28-8553	Sex 7. A	iga (In yrs. last birti	rs. Months	Days		Min.	8. Dete of Birth (Month, Day,		9. Birthp	laca (Stata or Foreign try)	
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	5 S	ctc		50	SAL	ISBURY							1 □ Yas 2/□ No	
	15 g	Director	10e. Street and Number			10f. Zip	Coda		٠	10	og. Citizen of V	Vhet Coun	try?	
	filed within 72 hours after death with the Manyland Hygiene. Ither than "natural", or items 23s or 28s-f show ent, the Mourel Exampler must be notified at	le.	27759 PEMBERTON	DRIVE			21	1801			U	S.A.		
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ā	0 m m e	To B	HANS	ON LICOTURE	NT.			T	FSST	E ELLEN	PARKET	2		
Maryland		-	19a. Informent's Name/Ralationship			Melling Address	(Stree						Code)	_
Ž	the tree		PAMELA WOOTTEN											
e,	-155		20a. Method of Disposition		20b. Plece of	759 PEM Disposition (Nam	BEK ne of	TUN DR	IVE	Dete 2	BURY . P. P. Coc. Location -	1D . 2 City or To	USU1	-
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Ħ	the rame		4 □ Donation S □ Other (Spec		PARSON	IS CEMET			7	/20	SALISBU	JRY,	MD,	
Baltimore,	permit. Pages Department of important: If It any Injury or once.		21. Signature of Funaral Service Lice	nsaa	0	22. Neme end	d Addr	ass of Facility						
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	Physician		ortoni or riddir idiidio. Elet orii	2.00 00000 011 00011									Onset end Death	
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Division	offing : Afte	tio	1 Netural 5 ☐ Pending 2 ☐ Accidant Invastigation	(Month, De	ay rear) in	ury M		ork≀]Yas 2. □No	0					
/is	is or Attending strar death. I Director: Atte d in by the fune	Certification:	3 ☐ Sulcide 6 ☐ Could not I	209. Place of II	njury - At homa, fari	m, street, fectory,	, offica		2	8f. Location (Str	reet and Numb	er or Rura	l Routa Number,	
ă	X = = C	ert	4 Homicida	building, e	(c. (Specify)					City or Town,	, Stata)			
	To the Hospital or Attent within 24 hours after deat To the Funeral Director: completely filled in by the		29a. Certifiar 1 Certifying P	hyelclan: To tha best	of my knowledge	death occurred a	et the t	ima, data and	place a	nd due to the ce	use(s) and me	nner se et	ated.	
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			b 1 14	12	Der	>	1	900	0) "	0/10	1/9		
	14			1-		ン	ソ	160	-		611	116	0	
	10		30. Name and address of person who	completed causa of	daath (Item 23a) (T	ype, Print)		0	1	-	/	110	3.0	
	1-		CRAIG JULI	HOFER N	10, 33	SIV	ep	side,	BY	SAL	SBUZ	M,	D 2/80 1	
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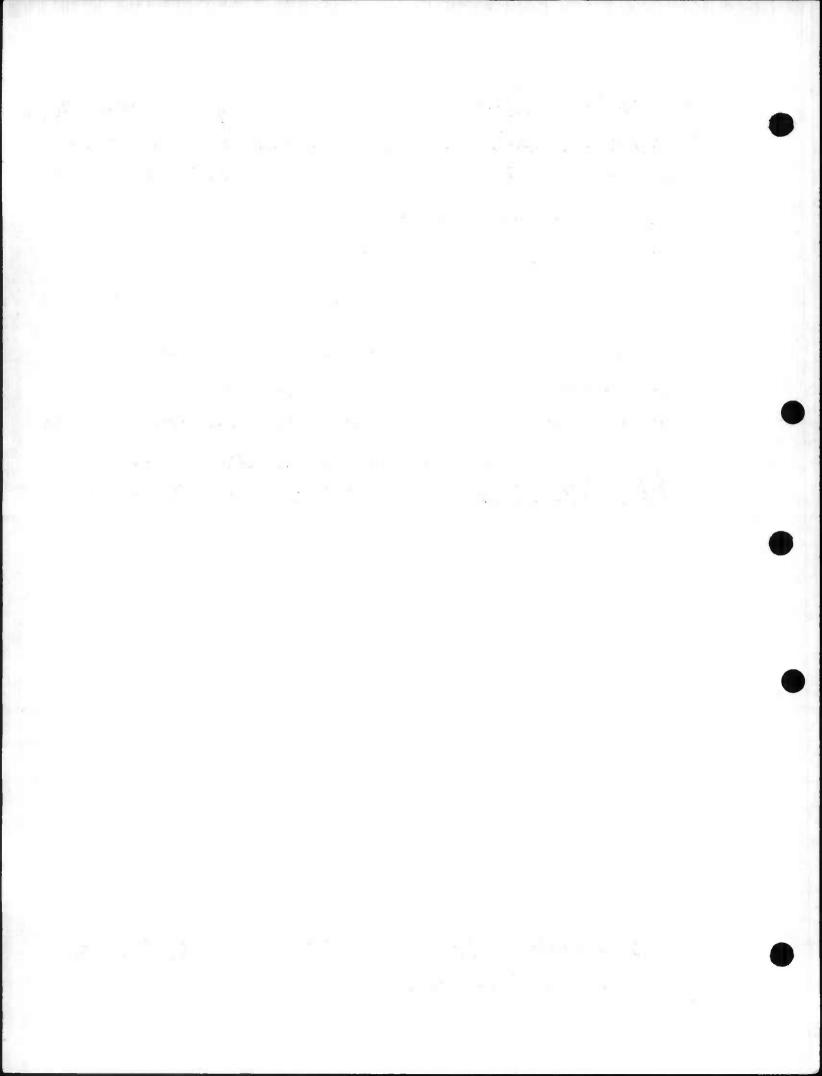
				Certificate of Death	Reg. No.	96 24329
	Physici	an	1. Decedent's Name (First, Middle, La	· ·	2. Date of Death Month Dey	3. Time of Death
	/Medi	cal	LOUISE	ANDREWS	August 14	1996 5:55 AM
7	Examir	ner	4a. Fecility Name (If not institution, giv	e street and number) A Marie Hoenico R	m, or Location of Death 4c. C	County of Death
H	Funeral		5. Social Security Number 6. 5	Sex 7. Age (In yrs. last birthday) If Under 1 Year If Under 2	4 Hrs. 8. Date of Birth Min. (Month, Day, Xear)	9. Birthplace (State or Foreign
	Director		214-40-6073	1 M 2 F 64 Yrs. Months Days Hours	Min. July Day Year 9	32 South Carolina
	pu k		Usual Residence of Decedent 10a. State 10b. County	10c. City, Town or Location		10d. Inside City Limits
	Aanyla	5	Manual A//A	Baltimare		1 Serves 2 □ No
	28a-	Director	10e. Street end Number	10f. Zlp Code	10g. Citiz	en of What Country?
	N with	<u> </u>	717 Druid F	ack lake Drive 2121	7	11 < A
	ar death with the Marylar items 23a or 28a-f show her mast be nothed at	Funeral	11. Maritai Status	12. Was Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispenic Original Street Country Coun	in? (Specify Yes or No- Puerto Rican, etc.)	4. Race - American Indian, Black, White, etc.
20	be filed within 72 hours after death with the Maryland ntal Hyglena. d other than "natural", or items 23a or 28a4 show event, the Modical Examiner must be notified at	by Fu	1 Never Married 2 Married	1 ☐ Yes 2 No If Yes, Give 1 ☐ Yes 2 No Specify:		Specify: 1 - 0 = -
9	"natural", or	d be	3 ☐ Widowed 4 ☐ Divorced 15. Decedent's E	Year or Dates:	16h Kin	d of Businass/Industry
21215-0020	n na n na Medic	Completed	(Specify only highest gru	dde completed) (Give kind of work done during most iffe. DO NOT use retired) (Give kind of work done during most iffe. DO NOT use retired)	of working	
	od withir rgiena. er then	Eog	Electronia y (0-12)	Homemaker	Ou	un Home
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Ma			19a. tnformant's Name/Relationship (Androine 2004 Garrisor	Blu Bal	Town, State, Zip Code)
re,	s 1 and 2 f Health frem 27 l		20a. Method of Disposition	20b. Place of Disposition (Name of genetary, crematory or other place)	/Date / 20c. Loc	atlon - Cify or Town, State
E	Pages nent of mrt: if its iry or o		1 Burlai 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Special	Premoval from State	8/17/96 Lan	sdrune Md.
Baltimore,	permit. Pages 1 and Department of Haalth Important: if item 27 any injury or other tr		21, Signature of Funeral Service Licer	22. Name and Address of Facility	- Francis	Home,
(10)	8978		pseph	L. Kuss Joseph Linus	Th Ave. Ba	Ito. Md. 21216
F	•		23a. Part . Enter the dease, or com shock, or heart takure. List only	plications that caused the death. Do not enter the mode of dying, such as cone cause on each line.	ardiac or respiratory arrest,	Approximate tnterval Between
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	Examiner		disease or condition resulting In death)	a. Lymphima		UNKNOWN
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	ificate be executed g physician and as tha burial-transit	Examiner	Sequentially list conditions,	b. Due to (or as a consequence of):		
90,	be exe cian a curial-	E	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events	C		
68760,	physi tha	edicai	that initiated events resulting in death) Last	Due to (or as a consequence of):		
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	d for	iciai	Pert II Other elanificant conditions of	contributing to death but not resulting in the underlying cause given in Part I.	23h Did tohacco u	use contribute to the cause of death?
P.0	by the	Physician/N	Total office of the conditions	Simputing to death out not resulting in the underlying cause given in Fart.		No 3 Probably 4 Unknown
	requires that the death cer een signed by the attendir nouts be datached for use	by				
Records,	been s should	Completed			24a. Was en autops performed?	24b. Were autopsy findings available prior to completion of cause
360	E W OV	mple				of death?
<u>e</u>	ficate ha		25. Was case referred to medical	20.00		No 1 □ Yes 2 □ No ELLA MARIS AT MERC
Vita	ralcia s cert direct	o Be	examinar?	Hospital: Other:	of Death (Check only one) ST	MOther (Specify)HOSPICE
Division of	ng Physic ter this o	n: T	27. Manner of Death 1 ☑ Natural 5 ☐ Pending	28a. Date of Injury (Month, Day Year) 28b. Time of Injury at Work?	28d. Describe how injury	
Sio	eath. or: Alter the tune	catic	2 ☐ Accident investigation	M 1 Yes 2 N	lo	
N N	O CO	ertification:	3 ☐ Suicide 6 ☐ Could not be determined		28f. Location (Street and City or Town, State)	Number or Rural Route Number,
7	His a self	O	29a. Certifier SCartifying Ph	yelclan: To the best of my knowledge, death occurred at the time, date and	nince, and due to the cause(e)	and manner as stated
1	23/6	edical	(Check only 2 Medical Exar	niner: On the best of examination and/or investigation, in my opinion, death and manner stated.	occurred at the time, date and p	place, and due to the cause(s)
1	200	M	29b. Signature and title of certifier	29c. License number	29d. Dete	signed (Month, Day, Year)
b			27.0	D4048t	Azy	rust 15, 1996
	1			completed cause of death (Item 23a) (Type, Print) 5870	BELDIA RD	rust 15, 1996
			31. Date filed [Month, Day, Year)	J. FERKO MD BAZTO.	MD 21206	
	Sta Registr		AUG 1 6 1996	32. Registrar's Signature		

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96

				Otate of W	iaiyiaiid / L	Certificate		Death		Reg. No.	0	24330
	Physic	ian	1. Decedent's Name (First, Middla, L	ast) · H					2. Data of De Month		Yeer	3. Time of Death
	/Medi		Thelma	Brillon					August	13 i	996	1904pm
7	Exami	ner	4e. Fecility Nama (If not institution, g		•			4b. City, Town, or Lo		-		
3	Funeral			1+08P17	ge (In yrs. lest bir	thdey) If Undar	1 Yaar	If Under 24 Hrs.		th 10/17		MORE
	Director					Yrs. Months	Deys	Hours Min.	Aug.	y . 1928	Mar	place (Stete or Foreign htry) yland
	yland		10a. Stete 10b. County		10c. City, Tow						1	0d. Insida City Limits
	death with the Maryland ms 23a or 28a-f show Linust be notined at	cto	Maryland Bal	timore	Wood	lawn						ty Yes 2□No
	P C S	Dire	10a. Street end Number			10f. Zip				10g. Citizen of V	Vhet Cour	ntry?
	sath w	erai	2511 Hallam Co		Fuer In III C	212		lianania Ovinino (Cu.			A.	an Indian
21215-0020	or he	by Funeral Director	11. Meritel Stetus 1 □ Navar Married 2 □ Merried 3 □ Widowed 4 □ Divorced	12. Was Dacedant Armed Forces 1 Yes 20 If Yes, Give Yaar or Dates:	No.	If Yes, spec		Hispanic Origin? (Spien, Mexicen, Puarto Specify:	acity Yas of No Rican, atc.)		k, White,	
5-0	72 hours "netural",	Completed by	15. Decedent's E (Specify only highest g	iducation	18e.	Decedent's Usue	l Occup	pation during most of works	ina	16b. Kind of Bu	siness/inc	dustry
121	m 1 6	nple	Elementery/Secondery (0-12)	College (1-4or	5+)			during most of works	ing .			
	hygie her ti		17. Fathar's Nama (First, Middle, Las	al .	В	ookkeep	per	18. Mother's Neme	(Final Alidela			Financia
Maryland	should be filed within and Mental Hygiene. marked other than metic event, the Mental country and the Mental country and Mental	o Be	James Freeman	V							Θ)	
ary.	2 should and Men a marke eumatic	1º	19e. informent's Neme/Reletionship	(Type, Print)	19b	. Meiling Address	(Street	Pearl G			State, Zip	Code)
	aith ar 27 Is		Dwayne L. Brit			_		ne Way,				
ore,	othe othe		20e. Method of Disposition			Disposition (Nem	ne of		Dete	20c. Location -		
Ē	Pegg nent int: If		1 ☐ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Spec	JRemovel from State	9				/19/96	Arbut	us.	MD.
Baltimore,	permit. Pegas 1 and 2 Department of Haalth a Important: If frem 27 is any injury or other tre		21. Smattyre of Funerel Service Library		res	22. Neme end Marsha	d Addre	w. Jone	s, JR	Funera	1 H	ome PA
			23a. Pert1. Enter tha diseese, or cor shock, or heert feilure. List only	nplications the suse	d the death. Do r	14 I U I H	d m (ondson_A ng, such es cerdiec d	ve Ba or respiretory e	ltimor	e, 1	Approximete
	Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in deeth)	e.	Oilated	Candi	6	yopathi			1	Interval Between Onsat end Death Mill Than Zyfeng
5		ē			Due to (or as a	consequence of):		/ 4 /				
	ifficeta be axecuted g physician and as the burial-transit	Examiner	Sequentially list conditions.	b	Due to (or es a o	consequence of):		- 1.4			-	
00	ificeta be axecu g physician and as the burial-trar	Ŭ.	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disaase or Injury								i	
68760,	ohysic the b	edicai	thet initieted events resulting In death) Lest	C,	Due to (or as e o	consequence of):						
		1961	·	d								
Box	e daath certif the attending hed for use as	ciar							1		- 1	
P.O.	that the daath cer ed by the attendir datached for use	Physician/	Pert it. Other significant conditions	contributing to death t	but not resulting ir	the underlying ce	euse giv	ven in Pert I.				the cause of death?
	signed to	by P							10	Yes 2 No	3 P10	bably 4 ☐ Unknown
of Vital Records,	need should	Completed t							24e. Wes perfo	an autopsy rmed?	av	ere autopsy findings allable prior to mpletion of cause deeth?
R	Tha law ata has b paga 2 s	mo;							10	Yes 2 No	10	Yes 20 No
ita	iclan: Tha lav certificata has rector, paga 2	Be	25. Wes cese rafarred to medical exeminer?					28. Place of Death	(Check only o	ona)		
of V	Physician: this certific ral director,	L O	1 ☐ Yes 2 10 No	Hospitel:	ient 2□ER/Ou			4 LI Nursing Ho	ma 5□ Resi	dence 8 Oth	er (Specif	y)
ou c	Ing P	Certification:	27. Mennar of Death 1 Neturel 5 □ Pending	28e. Dete of Inju (Month, De		Time of 28 njury M	8c. Injui Wor		28d. Describe	how Injury occurs	ed	
Division	or Attending after death. Director: After In by the funa	ficat	2 Accident Investigetic	08 09-01	iury - At home te	rm, street, fectory		Yes 2 □ No	28f. Location (Street and Numb	er or Rure	I Route Number
3	aftar aftar Dire	er er	4 ☐ Homicide determined	building, e	tc. (Specify)	mi, street, rectory	OIIIO		City or To		07 01 71010	770010 770111007,
	the Hospital or Attending Physician: Tha I hin 24 hours after death. The Funeral Director: After this certificate ha mplease filled in by the funeral director, page	edical C	29e. Certifier (Check only one) 1 Certifying P	hyelcian: To the best miner: On the basis o and mannar si	of examinetion en	, deeth occurred ed/or Investigation,	et the tir	me, dete end plece, oppinion, deeth occurr	end due to the ed et the time,	ceuse(s) end me date and piece,	nner as s	teted. o the ceuse(s)
	of the	Me	29b. Signature and title of certifiar	0		29c	Licans	sa number		29d. Data signed	d (Month,	Day, Year)
	(n	1	DA, E, Wal	den't M	16		01	7154		Lugust 1	13.10	996
	1_0	1	30. Neme and eddress of person who		deeth (Item 23e) (Type, Print)	71	7 7 7		700/	11	110
3	5		NORTHWEST	HOSPITAL	CEN	TER						
	Sta		31. Dete filed (Month, Dey, Year)	32 Regist	ter's Signatura	delle						
	Registr	ar	AUG 16 1996									



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

96

_							Grance	ile Ui	Deall			Reg. No) .		
	Physic /Medi		Decedent's Name (First, Middle .		on Tho	mas Bei	11 Sr				2. Deta of Do Month August	peth De 1	ž 1	Yeer 996	3. Time of Death 10:50 PM
	Exami		4a. Facility Neme (If not Institution								ocation of Dea	th 40	. County		
L		М	438 E. Pataps				. Hillard	er 1 Yaar	Balti				N/I		
	Funeral Director	Г	5. Social Security Number 220 12 9956 Usual Residence of Decedent	6. Sex 1 ☑ M 2 ☐ F	7. Aga (in y	rs. lest birthde Yrs.	Month			Min.	8. Dete of Bi (Month, D July 1	ay, Year	925		iece (Steta or Foreign try) /land
	land w		10a. Stete 10b. County		10c.	City, Town or	Location							1:	0d. Insida City Limits
	Mary	ţō	Maryland N/A			Baltin	nore								1⊠Yes 2□No
	h the	Director	10e. Street and Number				10f. 2	Ip Code				10g. CI	tizen of V	Vhat Coun	try?
	th wil	a D	438 E. Patapso	o Avenue				2122	25				U.S		
	and and and and and and and and and and	Funerai	11. Marital Status	12. Wes Deci Armed Fo	rcas?	U,S. 1:	3. Was Dec	edent of hecify Cub	lispanic Or an, Maxica	igin? (Sp n, Puarto	pecify Yas or No Rican, etc.)	0-		e - Americ k, White,	
21215-0020	be filed within 72 hours after death with the Maryland nat Hyglene. d other than "natural", or flems 23a or 28a-f show event, the Medical Examiner must be notified at	by	1 Never Merried 2 Merried 3 Widowed 4 Divorced	If Yas Gi	2 □ No va ates: W • W	. II	1 🗆 Yas	2 No	Specify	:			Specify		nite
15-	nartu	ete	15. Decedent (Specify only highes			16e. De (Gi	cedent's Us ive kind of v a. DO NOT	ual Occup ork done	oation during mos	st of work	king	16b. H	(ind of Bu	isinass/Inc	lustry
12	within ene.	Completed	Elementery/Secondery (0-12) 8th	College (1	1-4or 5+)	1	onstri					Fl	oori	na Co	mpany
D	illed with Hygiene. other there	BeC	17. Father's Nema (First, Middle, I	Last)							e (First, Middle				* *
Maryland	should be and Mental is marked o	ToB		Edward E	Be11					Er	mma Ze	rlau	t		
lan	d 2 should th and Men 7 is market		19e. Informent's Neme/Reletionsh	nip (Type, Print)		19b. Me	eiling Addre	ss (Street	and Numb	er or Rui	ral Route Numb				
	C = 00 -		Betty Bell /	wife			E. P		sco A	venu	e Ba				yland 2122
Baltimore,	ges 1 a it of Hea if Item or othe		20a. Mathod of Disposition 1 X Burial 2 ☐ Cremetion	3 □Ramovel irom	State	o. Piece of Dis cemetery, c	remetory of	othar ple			Dete			City or To	
Ē	artmen ortant: Injury		4 □ Donation 5 □ Other (Sp	pecify)	C	edar H					3/16/96	Bal	timo	re, r	Maryland
Bal	permit. Peges 'Department of Himportant: if Ite any injury or of once.		21. Signature of Funerel Service I	Licensaa	<	0	22. Nema				Gonce				
			23e. Pert1. Enter the diseese, or shock, or heert leilure. List	(Frans	nou	310	4001			-	_		re,	Md . Z	Approximate Interval Between
ox 68760,	Physician /Medical Examiner be swedted by bywician and physician and physician and physician are physician and physician are physician and physician are physician and physician are physician and physician are physician are physician and physician are phy	lical Examiner	disease or condition resulting In deeth) Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last	e	Due to	o (or es a cons	sequence of):			10000	- Y)	7	<i></i>
	anding uses	an/Medical		d											
0.8	the all	Physicia	Pert II. Other significant condition	ns contributing to de	eath but not i	resulting in the	underlying	cause gi	ven in Pert	I.	23b. Did	tobacco	use cor	ntribute to	the cause of death?
P.O.	that the ed by th detach		Thrombo	Embo	olisa	1					×	LYes :	2□ No	3 Prot	bably 4 Unknows
Vital Records,	requires seen sign hould be	Completed by	De culsi	try	ult	il					24e. Wes	s en auto ormed?	рѕу	ava	ore eutopsy lindings allable prior to appletion of cause
Re G	2 th 2 th 2 th 2 th 2 th 2 th 2 th 2 th	dmo											ch.		death?
tal	an: Th officate dor, pay	a	25. Wes case referred to medical						26 Plan	a of Dasi	th (Check only	-	No	11	Yes 2 No
	sicia s cert direct	ToB	exeminar?	Hospitei:	Inpatiant 2	☐ ER/Outpet	tient 3 🗆 (Oth		ursing Ho			6 DOth	ar (Specifi	()
2	2 11	0.0	27. Manper of Deeth	28a. Deta		28b. Time	of	28c. Inju		J. Comp. 1	28d. Describe			to the same of	,
0	(4)	atic	1 Neturel 5 Panding investig	etion	, Doy . ou.,	, , , , , , , , , , , , , , , , , , , ,	М		Yas 2□	No					
Division of	No particular of the particula	Certification	3 Sulcide 6 Could n 4 Homicida determi	ned 288. Piece	of Injury - Ang, etc. (Spe	t home, lerm, ecify)	street, fecto	ory, office			28f. Location City or To	(Street a wn, Stet	nd Numbe e)	er or Rura	l Routa Number,
	To the Hospital within 24 hours To the Funeral completely filled	edical C	29a. Certifier (Check only one) 1 Certifying 2 Medicai E	Physician: To the Examiner: On the be end mann	best of my leasts of examiner stated.	nowiedge, de inetion and/or	eth occurre Investigetion	d et the ti	me, dete er opinion, der	nd place, oth occur	end due to the red at the time	cause(s	i) and me id plece, a	nner es st and dua to	ated. tha cause(s)
	To the within 7 To the comple	Me	29b. Signature and title of cartifier	Λλ.	~	l	olc 2	9c. Licens	se number			29d. De	ste signed	d (Month, i	Dey, Year) /
			10 mg	, , , , ,				D.	390	141		714	gus	1 /	4th 96
			30. Name and address of person v					T	Cond to	601	0 01	Divi	nio	Ma	21061
			Gayatri Nimma 31. Dete filed (Month, Dey Year)	gadda, M.	D.	1600 C	raın	wy.	Sulte	2 002	z Gien	bur	me,	MG.	21001
	Sta Registr	-	AUG 16 1996	grand town	140041-1										

24332 State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Vaar 9:30 PM 794611 19910 14 4e. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death 3389 Horsehead South Laurel Anne Arundel if Under 24 Hrs. if Under 1 Year Birthplace (State or Foreign Country) 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Months Deys Hours 1 M 2 □ F 88 Yrs West Virginia 10b. Count 10c. City, Town or Location 10d. Inside City Limits 1 ¥ Yes 2 □ No Anne Arundel Annapolis 10f. Zip Code 10g Citizen of What Country? 21401 USA 12. Was Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indlen, Riack White etc. 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: 1 Never Merried 2 Merried 1 ☐ Yes 2 No White Specify 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest grade completed) Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Air Conditioning Mechanic US Government 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Louis A.Bowers Margaret Ardinger 19a. Informant's Name/Relationship (Type, Pnint) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Naomi P. Bowers/Wife 3 First Place, Annapolis, Maryland 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 ☐ Burial 2 ☑ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Baltimore-Washington Cr. 8/16 Laurel, Maryland 21. Signature of Funeral Service Licensee 22. Name end Address of Facility Fleck Funeral Home, Inc. Pert1. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdied or respiratory errest,

Approximate Interval Between Oneet and Death Coreful Visula Accident Due to (or as a consequence of) K Due to (or as a consequence of): Due to (or as a consequence of):

Physician /Medical Examiner

> for ed by the a

> signed by t d be detech

phous

funeral

completely filled in by

Deen page 2 certificate hes

i or Attending Physician: after deeth. Director: After this certific

To the Hospital of within 24 hours a To the Funeral D

the death certificate be executed

Box 68760.

Division of Vital Records, P.O.

Physician

/Medical

Examiner

Funeral

Director

itsm 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examinar must be nothed at

permit. Peges 1 and 2 should be filed within 72 hours efter of Depertment of Heelih and Mental Hygiene. Important: if item 27 is marked other than "natural", or ite any findry or other traumatic event, the Medical Examina

Baltimore, Maryland 21215-0020

the Maryland

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10a. State

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Funeral

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Completed

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2

5. Sociel Security Number

10e. Street and Number

20e. Method of Disposition

11. Maritei Status

718-18-0318

Usual Residence of Decedent

3 First Place

Immediate Cause (Final diseese or condition resulting in death) Examiner physician end s the burial-transit Physician/Medical attending

by

Completed

Be

2

Certification:

Medical

Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

28e. Piace of Injury - At home, farm, street, factory, office building, etc. (Specify)

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24e. Wes en eutopsy performed?

24b. Were eutopsy findings evellable prior to completion of cause of deeth?

2 NO 1 Yes 28. Place of Death (Check only one)

20 No 1 Tyes

25. Was cese referred to medical examiner? 1 Yes 2 No 27. Manner of Death 1 Natural

28a. Date of Injury (Month, Day Year) 5 Pending Investigation 6 Could not be determined

1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of Injury

28c. Injury at Work? 1 ☐ Yes 2 ☐ No

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28d. Describe how injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certifier (Check only one)

AUG 16

2 Accident

4 - Homicide

3 Suicide

Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and menner stated.

29b. Signature and title of certifier

28686

29d. Date signed (Month, Day, Year)

State Registrar

31. Date filed (Month, Day, Year) 02 Bedishers Bondland

30. Name and address of person who completed ceuse of death (item 23a) (Type, Print)

DHMH 16 Rav 6/95

State of Maryland / Department of Health and Mental Hygiene 96 24333

					Certificat	e of L	Death		Reg. No.		
			1. Decedant's Name (First, Middle, Last,						of Death		3. Time of Death
	Physici		BENNIE BE	=ASON				Mont	h Day	9 Co	D 48/2
1	/Medi Examir		4a. Facility Nama (If not institution, give			4	b. City, Town	, or Location of		- Control of the Cont	V / T
-4	LAGIIII	iei	Johns HOPKIN		J		BACTO	MORE	MO	NI	A
1-	Funeral		5. Social Security Number 8. Sec			r 1 Year				-9#Birthol	ace (State or Foreign
	Funeral Director			{M 2□ F	Yrs. Months	Days	Hours	Min. (Mont	of Birth h, Day, Year) 14-67	Count	lace (State or Foreign try)
-			Usuel Residence of Decedent					3	17 61	191	914116
	land		10a. Stata 10b. County	10c.	City, Town or Location					10	0d. Inside City Limits
	Man	ō	Maryland NJ	1	Pro 1+im	nro	4				1 Yes 2 □ No
	the the 128s	9	10e. Street and Number		101. Zip	Code			10g. Citizen of	What Count	trv?
	ours after death with the Marylar rat, or items 23a or 28a-f show Examiner must be notified a	by Funeral Director	2007 11/00 -10	La C	+	217	1/2		109. 01.2011 01	< F	7
	eath e 23	era	11. Marital Status	12 Was Doordon't Suprim	II O	dont of Hi	ionanio Orioin	n? (Specify Yas	or No. 14 Pag	ce - America	an Indian
	iter d	5	1 Never Married 2 Married	12. Was Decedent Ever in Armed Forces?	If Yas, ape	cify Cuba	n, Mexican, P	Puerto Rican, et		ck, Whita,	
20	s af	Y	3 Widowed 4 Divorced	1 ☐ Yas 2 MNo If Yes, Give / Yaar or Datas:	1 ☐ Yes	2 No	Specify:		Specif	y: 1/	2150
5-0020	filed within 72 hours after death with the Maryland Hyglene. ther than "natural", or flems 23a or 28a-f show int, the Medical Examiner must be notified at	8	15. Decedent's Edu		16a Doordont's Heur	al Occupa	ntion		16b. Kind of B	/ / / 6	2910
15	n 72	Completed	(Specify only highest grade	completed)	16a. Decedent's Usua (Give kind of wo jife. DQ NOT us	rk done d	during most of	f working	TOD. KING OF B	03111633/1110	цэну
2121	should be filed within and Mental Hygiene. marked other than imatic event, the Manager than the Manager than the Manager than the Manager than the Manager than	E	Elementary/Secondary (0-12)	College (1-4or 5+)	Auto	Mec		nic	W. noh	-11 6	2 ^
	filed with Hygiene ther than		17. Father's Name (First, Middle, Last)		11410	11100	-1.04	Nama /First N	liddle, Maiden Surnar	411 0	200
an	be de de de de de de de de de de de de de	Be	0	0 -							
7	should be and Mental americal american	1º		r Beason-			Joya	ce Bea.	SOD-KUF	Fin	
Maryland	2 sho		19e. Informant's Name/Relationship (Ty	-	19b. Meiling Address	s (Street a	and Number of		lumber, City or Town		Code)
	other trac			1- KUFFID	2007W	ash	199101	15.	Balto, md	,210	213
Baltimore,	permit. Pages 1 and 2 should be filed within 72 ho Department of Health and Mental Hygiene. Important: If Nem 27 is marked other than "natur any injury or other traumatic event, the Medical ance.		20a. Method of Disposition 1 → Burlal 2 □ Cremation 3 □ R		 Place of Disposition (Nar cegnatery, crematory or of 	me of other place	e)	Date	20c. Location	- City or To	wn, State
Ē	permit. Peges Department of I mportant: If Its any injury or o		4 Donation 5 Other (Specify)	emoval nom State	MT. Z1001	Cem	otory	8/15	191 Lang	dous	ne, md.
alt	Departri Departri Imports any inju		21. Signature of Funeral Service License	10	22. Nama an	nd Addres	s of Facility	2.60 (ingral	Hom	e
m	Depa Impo any ir		Ja soph of	destil	2222	pp	Lik	uss to	inglui	o M	11 01 1101
	_		230 Part1. Enter the disease, or compli	cations that caused the d	eath. Do not enter the mod	de of dvine	a auch as ca	rdlac or respiral	orv arrest	e,111	1d. 2/2/6 Approximate
			ahock, or heart failure. List only or	e causa on each line.	ball. Do not onto the thou	so or aying	g, 40011 45 04	raido or respirar	ory arroot,		Interval Between Onset and Death
	Physician /Medical		Immediate Cause (Final	2000	R. ARRES						
	Examiner		disease or condition rasulting in death)	KESPI	R. ALIZES	57				-	2hr.
ě.		5			o (or as a consequence of):						
	ped nsit	듣	<u> </u>	STAT	us AsiHi	MAT	ncus			i	
	eath certificate be executed ettending physician and for use as the buriel-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disasse or Injury that initieted events	Due to	o (or as a consequence of):					- 1	
68760,	be e ician burie		cause. Enter Underlying Cause (Disease or Injury							i	
87	phys the	Medical	resulting in death) Last	Due to	(or as a consequence of):					i	
*	ding se as	Me		1						i	
Bo	requires that the death cer seen signed by the ettendin hould be detached for use	Physician									
	e de e de pe	/sic	Part II. Other significant conditions con	tributing to death but not	resulting in the underlying of	cause give	en in Part I.	23b	Did tobacco use co	entribute to	the cause of death?
P.0	d by	Ph							1 ☐ Yes 2 No	3 Prob	ebly 4 Unknown
Ś	es the	by									
Records,	been si should	ted						24a.	Was an autopsy performed?	ava	are autopsy findings allable prior to
00	aw 2 s	pie				-				of c	mpletion of causa death?
Œ	The law ate has b page 2 s	Completed							1 Yes 2 No	1	Yes 2□ No
Vital		Be C	25. Was case raferred to medical				26 Place of	Death (Check	only one)		
>	Physician: this certific ral director,	0	examinar? 1 ☐ Yes 2 ☑ No	ospital:	EER/Outpatient 3□ DC	Othe	er		Residence 8 □Ott	ner (Snecify	()
of	E FE	T:0	27. Manner of Death	28a. Date of Injury (Month, Day Year		28c. Injury Work			cribe how Injury occur		,
Division	Attending P r death. ector: Alter by the funer	Certification:	1 Natural 5 ☐ Pending 2 ☐ Accident investigation	(Month, Day Year) Injury M		k? Yes 2∐No	,			
S	Affector dea	fica	3 ☐ Suicide 6 ☐ Could not be	28e. Place of Injury - A	t home, farm, street, factor	v. office		28f. Loca	tion (Street and Numi	ber or Rura	l Route Number,
ă	D Part	erti	4 Homicide	building, etc. (Spe	ocify)	,,		City	or Town, State)		
1	10.00		29a. Certifier 1N Certifying Phys	Ician: To the hest of my	nowledge, deeth occurred	et the tim	ne dete and n	lece and due t	o the cause(s) and m	anner es et	eted
1	EAR	edicai		er: On the basis of exam and menner stated.	Ination and/or Investigation	, In my op	pinion, death	occurred at the	time, date and place,	and due to	the cause(s)
	Man du	Me	29b. Signature and title of certifier	and mornior dialed.	290	c. Licanse	number		29d. Date signe	ed (Month. I	Day, Year)
1	6 4 4 4		1 1 /	2-	- 0	>./	20		en l	,	
	\		1000		\mathcal{V}	54	280		8/	10/9	4
	V		30. Name and eddress of person who co	4		20					
			CAROLINE POI	Pen Mo	1	EN					
	Sta		31. Date filed (Month, Day, Year)	A. Registral Signal	18 18 L						
	Registr	ar	AUG 16 1996								



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death 1996 1:05 AM Cephas Brown 6. 4b. City, Town, or Location of Death 4e. Facility Neme (If not institution, give street end number) 4c. County of Deeth Sirai If Under 1 Year If Under 24 Hrs. 8. Dete of Birth Months Deys Hours Min. 8. (Month Deys) Hospital Baltimore Batimore yrs lest birthdey) 5. Sociei Security Number 6. Sex/ 128 M 2□ F 220-56-7817 Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits 1 Yes 2 No Maryland imore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2121 vedere SA 12. Wes Decedent Evar in U,S Armed Forces? 1 Yes 2 No If Yes, Give Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bieck, White, etc. 1 Never Merried 2 Merried 1 ☐ Yes 2 No Specify: f Yes, Give Yeer or Detes: 3 Widowed 4 Divorced Specify: 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) umar 17. Fathar's Nema (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumarpe) owr 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City of Town, State, Zip Code), Mrs. Marshe 6225 10,21214 ackson To. 20b Plece of Disposition (Neme of Cemetery, cremetory or other 20a. Method of Disposition
1 ☐ Buriai 2 ☐ Cremetion 3 ☐ Removel from Stete
4 ☐ Donation 5 ☐ Other (Specify) 20c. Location, City or Town, Stete saltimore 21. Signature of Funeral Service Licens Funeral Home 5 23a Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest.

Approximate Approximete intervel Between Onset end Deeth immediete Cause (Finel disease or condition resulting in deeth) · pancreatitis veurs Due to (or es a consequence of): HIV Stage liver a

Due to for es e consequence of: liver read Hepatitis Pert if. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of dedth? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown 2. End Stage liver 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed' 4. thigh absum ? 202 No 1 ☐ Yes 1 ☐ Yes 2 ☐ No 28. Place of Deeth (Check only one) Hospitei: Othar: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Dinpatient 2 ER/Outpetient 3 DOA

Physician /Medical Examiner

Physician

/Medical

Examiner

Directo

Funeral

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Completed

Funeral

Director

show

tem 27 is marked other than "natural", or items 23s or 28s-f show other traumetic event, the Medical Examinal must be notified at

pemit. Peges 1 and 2 should be filed within 72 hours effer of Department of Health and Mental Hygiene. Important: If Item 27 Is marked other than "natural", or item eny Injury or other traumatic event, the Medical Exercises.

Baltimore, Maryland 21215-0020

Box 68760.

P.O.

Division of Vital Records.

Examiner signed by the attending physician and I be deteched for use as the bunal-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disaasa or injury that initiated events resulting in death) Lest Physician/Medicai

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Hospital or Attending Ph 24 hours after death. Funeral Director: After th

24 hours a Funeral D

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3. Knatitis

25. Wes case referred to medical examinar?

1 Yas 2 No

27. Manner of Deeth

5 Pending investigation

6 ☐ Could not be

28e. Dete of injury (Month, Day Year)

28b. Time of injury Piece of injury - At homa, ferm, street, fectory, office building, etc. (Specify)

28c. injury et Work?

1 Yes 2 No

28d. Describe how injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certifier (Check only one)

1 DNeturai

2 Accident

4 Homicida

3 Suicide

1 Certifying Physician: To tha best of my knowledge, deeth occurred at the time, date end piece, and due to the cause(s) and mennar as steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to tha cause(s) end menner steted.

29c. License number

29b. Signeture end title of certiflet

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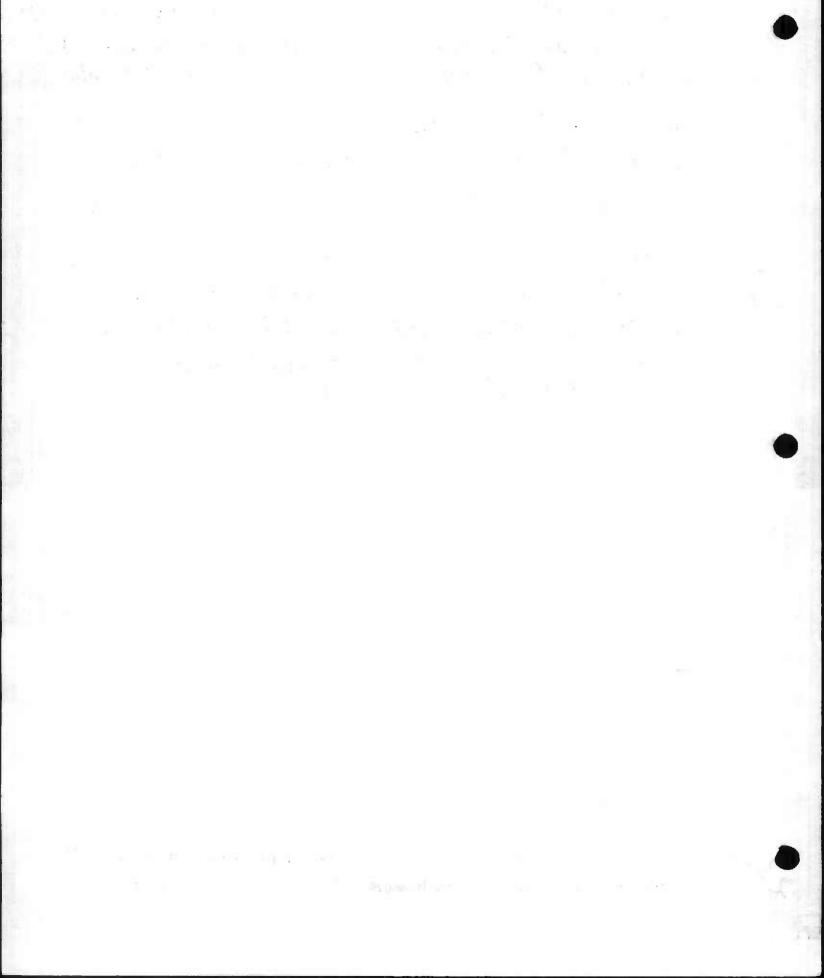
29d. Dete signed (Month, Day, Year)

30. Name and address of person who completed cause of deeth (ttam 23a) (Type, Print)

Leaf Bu Himore 21209 Maple Ct. MD 31. Data filed (Month, Day, Year) 32. Registrar's Signeture

and Randall

Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** MARY Month BROOKS Auc 10:05 An 8 /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth Examiner 4c. County of Deeth 7. Age (In yrs. lest birthday)
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14. Rece - American Indlen,
Bleck, White, etc. 10 SOUTH MONASTERY AVENUE Funeral 21229 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ Never Married 2(Married 1 Yes 2 No If Yes, Give Yeer or Detes: 1 ☐ Yes 2 ☑ No py 3 Widowed 4 Divorced Specify: BLACK Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) HOMEMAKER HOME 12 n 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be THOMAS NELSON LOTTIE A. SIMPSON 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) THOMAS BROOKS (HUSBAND) 10 SOUTH MONASTERY AVE. BALTIMORE, MARYLAND 21229 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete Buriel 2 Cremetlon 3 Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) GARRISON FOREST CEMETERY 8/13/96 OWINGS MILL, MARYLAND 21. Signeture of Furniral Service Licensee 22. Name and Address of Facility ESTEP BROTHERS FUNERAL HOME PA. 1300 EUTAW PLACE BALTIMORE, MARYLAND 21217 1300 EUTAW PLACE BALTIMORE in disease, or complications that caured the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest failure. List only one cause on eagle line. Immediate Cause (Final disease or condition resulting In deeth) . Meta static savamous Cell CarcinomA Due to (or es e consequence of) Cerebral Motastases Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting In deeth) Lest Due to (or es e consequence of) Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Yes CHRONIC 2 No 3 Probably 4 Unknown Renal þ Completed 24b. Were eutopsy findings evellable prior to completion of cause of death? 24e. Wes en eutopsy 1 ☐ Yes 1 ☐ Yes 2 No Be 25. Wes case referred to medical 26. Place of Deeth (Check only one) 10 Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes Junpatient 2 □ ER/Outpetient 3 □ DOA 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Natural Accident 5 Pending investigation 1 Yes 2 No 6 Could not be determined 3 Sulcide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide

Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License number

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Maiden Choice (sne, guite 302

/Medicai Examiner sician end burial-transit The lew requires that the death certificete be executed Box 68760. physician s the buria use es P.O. bengis Records, pege 2 should of Vital or Attending Physician: the funeral Division deeth. efter deeth 2

Funerai

Director

if then "natural", or itema 23a or 28a-f show the Medical Examiner must be notified at

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Hygiene.

permit. Peges 1 and 2 should be filed with Department of Health and Mental Hyglene Important: If Item 27 is marked other than any Injury or other traumatic event, that sonce.

Physician

3altimore, Maryland 21215-0020

Registrar

Medical

31. Dete filed (Month, Dey, Year) AUG 1 6 1996

29b. Signeture and title of certifier

29e. Certifler

(Check only one)

92 Registrens Signeture

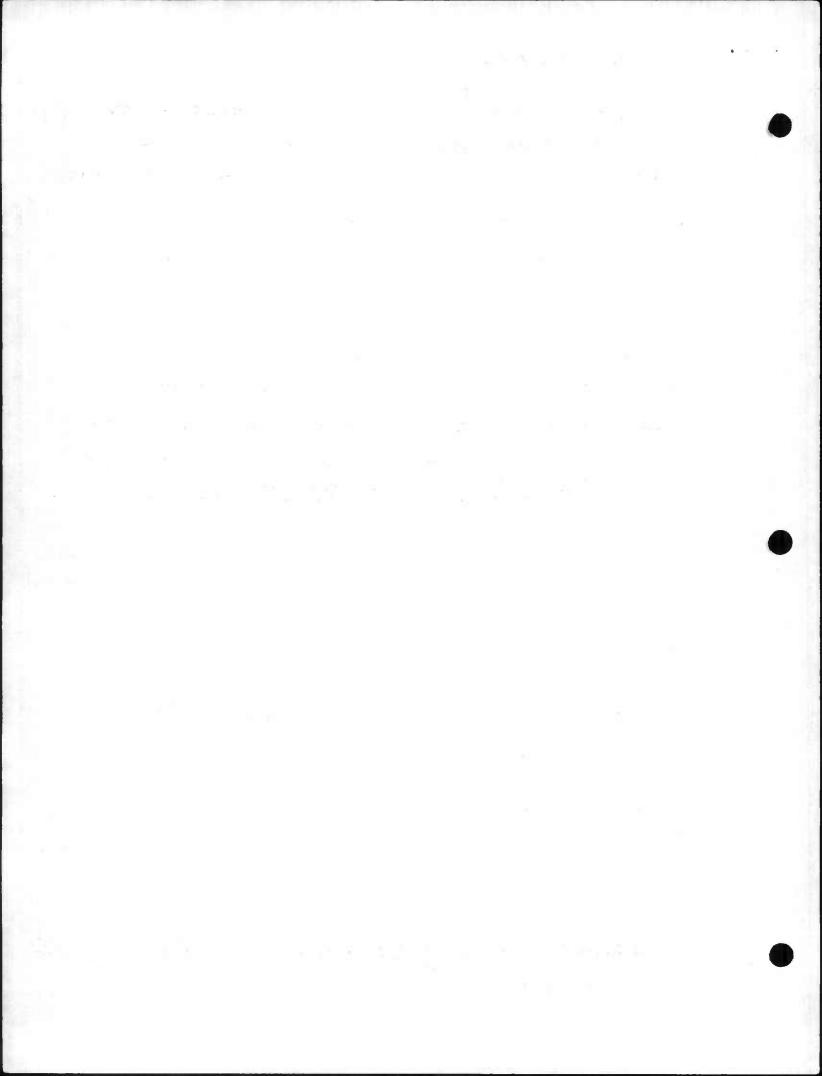
30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

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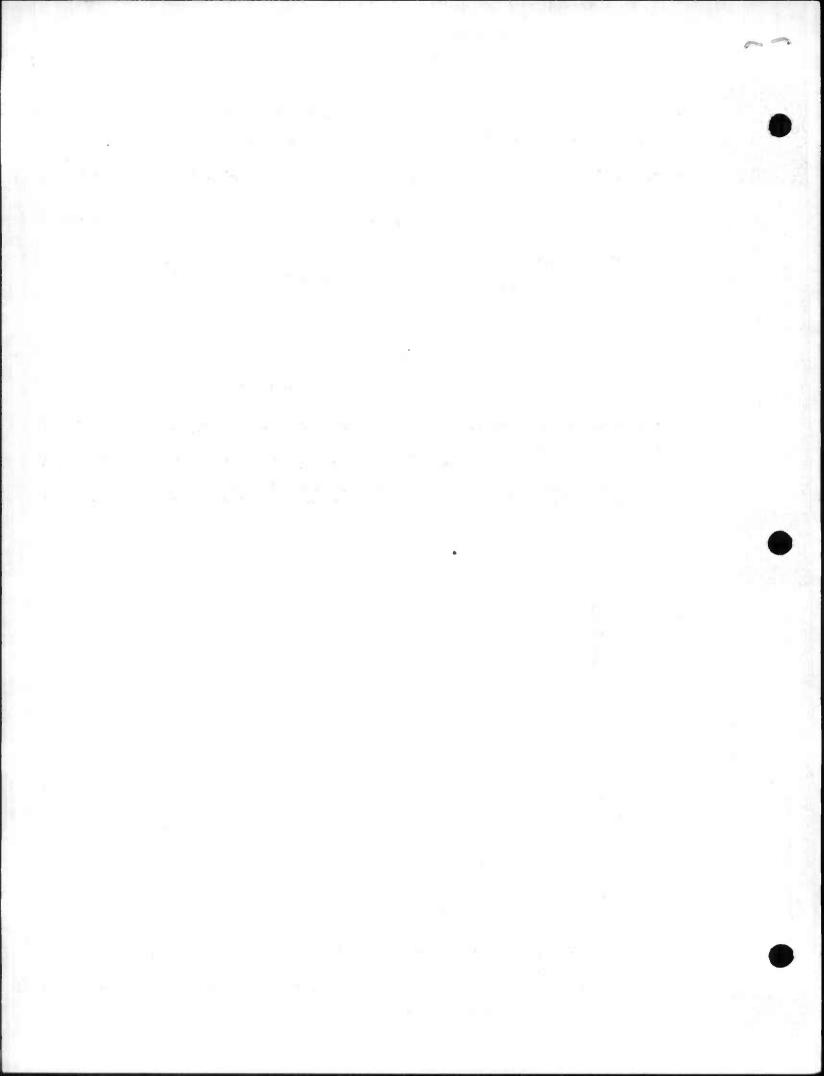
item #1, filmg 738, State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth RUTH ELIZABETH CLARK **Physician** Month 846 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth /Medical 4c. County of Deeth **Examiner** BASVIEW MEDICK CENTER Baltimore N/A If Under 1 Year Hours Min. 8. Dete of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthdey) Birthpiece (State or Foreign Country) **Funeral** Months Deys 1□ M 2∏ F Yrs. 75 Director 215-07-0646 Nov. 10, 1920 Usuei Residence of Decedent death with the Maryland 10e Stete 10b. County 10c. City, Town or Location 10d. inside City Limits 7 is marked other than "natural", or items 23s or 28s-f shot traumstic event, the Medical Examiner must be notified at 1 ☐ Yes 2 No Directo Baltimore Maryland Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 8100 Stratman Road 21222 U. S. A. Funeral pemit. Pages 1 and 2 should be filed within 72 hours after deat Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural" any injury or other traumatic averages. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ 2 M No If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bieck, White, etc. 1 ☐ Never Merried 2 Merried 1 ☐ Yes 2 No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 8th Grade Homemaker Own Home 17. Fethar's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Albert Peter Hagen Adele Frances Kemmerzell 19a. intormant's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Leilani A. Lovern (Daughter) 8100 Stratman Road, Baltimore, Maryland 21222 20b. Piece of Disposition (Neme of cemetery, cremetory or other piece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriei 2 🛣 Cremetion 3 ☐ Removei trom Stete 4 ☐ Donation 5 ☐ Other (Specify) Green Mount Crematory 8/14/96 Baltimore, Maryland 21. Signeture of Funeral Samice Licansee 22. Neme end Address of Fecility
Schimunek Funeral Home Inc. 3331 Brehms Lane, Baltimore, Maryland 21213 23a. Part 1. Effer the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock or hear feilure. List only one cause on each line. Approximete intervei Between Onset end Deeth **Physician** /Medical immediete Ceuse (Finei disease or condition resulting in deeth) **Examiner** PONATREMIA Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that intieled events rasulting in death) Lest pug Due to (or es a consequence ot): physician Physician/Medical 2 Due to (or es e consequence of): 28 Pert ii. Other significant conditions contributing to death but not resulting in the underlying causa given in Pert i. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown CHRONIC OBSTRUCTIVE PULLMONAKY DISEBE 24b. Were eutopsy findings available prior to complation of cause of daath? 24e. Wes en autopsy performed? COLON CANCER 1 Yes 250 No 1 ☐ Yes 2 No certificate Division of Vital 25. Wes case reterred to medical 8 26. Place of Deeth (Check only one) Hospital: | inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes - No #4 28e. Dete of Injury (Month, Day Year) 28c. injury et Work? 27. Menner of Death 28b. Time of 28d. Describe how Injury occurred Certification: 5 Pending investigation Neturei death. 1 ☐ Yes 2 ☐ No 2 Accident Director 3 Suicide 6 Could not be datamined 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Piece ot injury - At home, term, street, tactory, office building, atc. (Specify) 4 ☐ Homicida 計 To the Hospital o TEL Certifying Physician: To tha best of my knowledga, daath occurred at the time, dete end piece, and dua to tha causa(s) and mennar as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, daath occurred at the time, date end piece, and due to the causa(s) end menner stated. 29a. Certifier Medical 29b. Signeture end titia ot certifier 29c. License number 29d. Dete signed (Month, Day, Year) TRALEY LEARNORY M. 30. Nema and eddress of person who complated cause of deeth (item 23a) (Type, Print) JHBMC 4940 Eastern Ave Balt. HD 21224 Dr. Halensky 31. Dete tiled (Month, Day, Year) 32. Ragigerar's Signature State AUG 1 6 1996 Julia Davidson-Randalle Registrar



State of Maryland / Department of Health and Mental Hygiene 96 24337

Pert II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I 23h Did tobacco use contribute to the cause of death?	_							Cer	titicat	e of	Death)		Reg. No.			
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State of Maryland / Department of Health and Mental Hygiene

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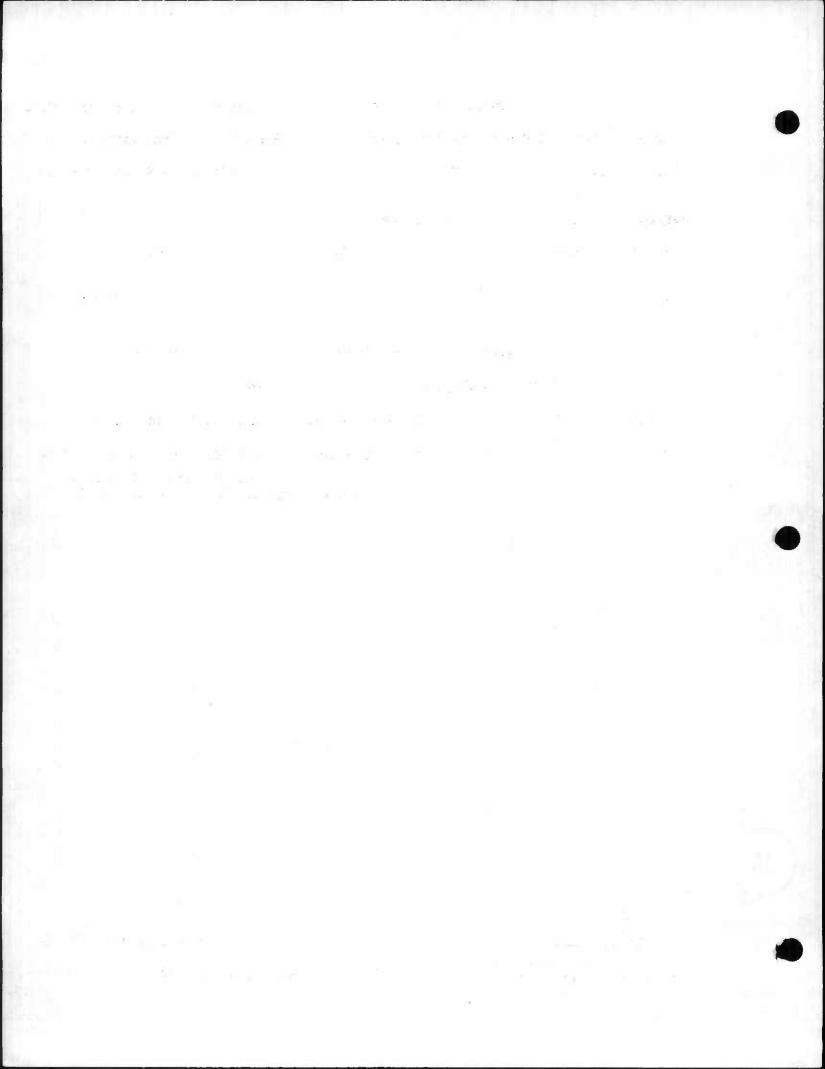
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State of Maryland / Department of Health and Mental Hygiene

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	s 23s or		3610 Fifth Stre				21	225			10g. Citizen of U • S	S.	
21215-0020	72 hours after death with the Maryland "natural", or items 23a or 28a-f show deal Examiner must be putified at	d by Funeral	11. Maritel Stetus 1 □ Never Merried 2 □ Married 3 ☒ Widowed 4 □ Divorced	12. Wes Decedent Armed Forces? 1 ☐ Yes 2 ☑ If If Yes, Give Yeer or Detes:		If Y	s Decedent es, specify C	of Hispenic Orlo Cuban, Mexican No Specify:	gin? (Specify , Puerto Rica	Yes or No- n, etc.)		ck, White,	
2	72 h	Completed	15. Decedent's (Specify only highest g	Education rede completed)	166	(Give kin	t's Usuel Oc	ne durina most	of working		16b. Kind of B	usiness/inc	dustry
12	2 4 5 2	Jdu	Elementery/Secondery (0-12)	College (1-4or 5	i+)	life. DO	NOT use re	tired)					
	70 00	S		1 year		Home	Maker				Own Ho		
Juc	d in o	Be	17. Fether's Neme (First, Middle, Las					18. Mothe	r's Neme (Fir	st, Middle,	Meiden Sumen	ne)	
Maryland	should be nd Mentai marked or umatic eve	ဥ			llagher				Amel	ia			
Jar	and and s m		19e. Informent's Neme/Reletionship	(Type, Print)	19	b. Melling /	Address (Str	eet end Numbe	r or Rure! Ro	ute Numbe	r, City or Town,	State, Zip	Code)
	E = 0 F		Gerald Caolo /	son			st St		Lau	rel,	Marylar	nd 20°	707
0	20 0		20e. Method of Disposition 1 St Burlel 2 Cremetion 3	Removel from State	20b. Plece o	of Disposition of Dis	on (Neme of ory or other	plece)	De	ate	20c. Location -	City or To	wn, Stete
E	Pages nent of ant: If its ury or o		4 Donetion 5 Other (Spec		Holy	Cross	Ceme	tery	8/1	7/96	Baltin	ore,	Maryland
Ball	permit. Pag Department important: It any injury o		Signeture of Funeral Servica Lice Fert1. Enter the disease or both shock, or heart feilure. List opinion.	Francis	uski	400	1 Rito		ghway	Balt	uneral imore,		
68760,	hysician and se se the burial-transit	Medical Examiner	Immediate Cause (Final disease or condition resulting In deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last	b. LUN	Due to (or es e	consequer consequer	nca of): C(N nca of): A	FAIL	URE			2	Onset end Deeth WEGKS YEAKS YEAKS
0	es that the death ce igned by the attend be detached for us	Physician/	Part ii. Other significant conditions	contributing to death bu	it not resulting l	n the unde	rlying cause	given in Pert I.		23b. Did to	phacco use co	ntribute to	the cause of death?
S, P.	requires that the death been signed by the atter hould be detached for t	by Phy								195 Y	es 2□ No	3 Prot	pebly 4 ☐ Unknown
Records,	s been s	Completed								24e. Wes e perfor	en eutopsy med?	cor	ere autopsy findings alleble prior to appletion of ceuse death?
		50								1 □ Y	es 2 3 No	1 🗆	Yes 2□ No
Vital	s certificate director, pag	Be	25. Wes case referred to medical exeminer?					26. Place	of Deeth (Ch	eck only on	ne)		
0	0.0	9	1 ☐ Yes 2 ☑ No	Hospitel: 1 ☐ inpatie	nt 2 ER/O	utpetlent :	3□ DOA	Other: 4 Nur	sing Home	5 🗆 Reside	ence 6 □Oth	er (Specify	′)
0	ath. or: florin		27. Menner of Deeth 1 ☑ Neturel 5 ☐ Pending 2 ☐ Accident investigation		Year) 28b.	Time of Injury	28c. Ir V M 1	njury et Vork? Yes 2 \(\)		Describe ho	ow Injury occur	red	
	A	Certification:	3 Suicide 6 Could not l		ry - At home, fe . (Specify)	erm, street,	factory, office	C8		ocation (St City or Town		er or Rura	Route Number,
J	n 24 Ne Furtipliate	edicai	29a. Certifier (Check only one) 1 Certifying P	hysician: To the best of miner: On the basis of end menner stell	exeminetion en	e, deeth oca d/or Investi	curred et the igetion, in m	time, dete end y opinion, deeti	pleca, end d	ue to the ca the time, d	ause(s) end me lete end plece,	enner es st and due to	eted. the ceuse(s)
1	within 2 To the	-	29b. Signeture and title of cartifier				29c. Lice	ense number		2	9d. Date signe	d (Month, L	Dey, Year)
	1		Alledo	g My			D.	2177	6	F	PUGUS"	114	1996
	4		30. Neme and address of person who	completed cause of de	eth (Item 23a)		E PI	47 AP	Sas				TIMORES
	Sta	te	31. Dete filed (Month, Dey, Yeer)		r's Signeture	7							
	Registr		AUG 16 1996	Tilia Davison	Mandelle								

AUG 16 1996



State of Maryland / Department of Health and Mental Hygiene 96 24340

							Ce	rtificat	te of	Death			Reg. No.		E 70 70
	Physic		Decedent's Name (First, Mid ELBERT	idie, Las	H			СОНЕ	EN			2. Date of De Month AUG.		Year 1996	3. Time of Death 6:45AM
6	/Medi Exami		4a. Fecility Name (If not institu	ion, aive	street and nu	umber)				4b. City. To	own. or Lo	ocation of Death		ty of Death	U.TJAM
	Exami	ner	MILFORD MAN								ESVII			BALTI	MODE
-			5. Social Security Number	6. Se			rs. lest birthday	If Under	r 1 Year			8. Dete of Bir			
	Funerai Director		218-07-8034		ŽM 2□ F		88 Yrs.	Months			Min.	(Month, Da	7, Year) 3,1908	Cour	place (State or Foreign http:// CAROLINA
7			Usuel Residence of Decedent 10a. State 10b. Cour	ity		100	City, Town or L	nantian							04 114- 02-11-2-
Mondo	Sa-f show	ctor	MD 100.000	N/A		100.		IMORE	E					1	0d. inside City Limits 1 ZXYes 2 □ No
de deiser de	23a or 28a-f	ai Director	10e. Street and Number 2503 TANEY	RD.				10f. Zip	Coda 2	1209			10g. Citizen of USA	What Cour	itry?
0	ltems Der m	Funerai	11. Marital Status		12. Wes Dec	edent Ever in	U,S. 13.	Was Dece	dent of	Hispanic Or	igln? (Sp	ecify Yes or No		ce - Americ	
hand and the follow describe and a country of winds	ital Hygiena. od other than "natural", or leams 23a or 28a-f show event, the Medical Examinar munitibe notified at	by	1 Never Married 2 M 3 Widowed 4 Divorc		Armed Fe 1 ☐ Yes if Yes, Gi Yeer or D	2 No		1 Yas				Rican, etc.)	Speci	ack, White, fy: W	etc. HITE
to mithin 20 hours of	natural',	Completed	15. Deced (Specify only high	nest gred	de completed)		(Give	dent's Usua kind of wo DO NOT us	rk done	dunna mos	t of work	ing	16b. Kind of E	Business/Inc	dustry
de la	than	m	Elamantary/Secondary (0-12)	Coilege ((1-4or 5+)				,			ОТП	V OF	DATEMODE
- 3	other ont,		17. Father's Name (First, Middle	o (act)	21			P	ATTO	RNEY	nda Name	e (First, Middle,			BALTIMORE
1	od of	Be		o, Last/			COLIENT					e (riisi, Middle,	Maiden Suma		NOUNT
Place	end Mental Hygiena. Is marked other than aumatic event, the M	To	JACOB				COHEN			JENN:					NOWN
3			19a. Informant's Neme/Relation JOEL COHEN (S		ype, Print)					R AVE.		al Route Number			Code)
mit Page 1 o	0		20a. Mathod of Disposition 1 ▼Burial 2 □ Crematio			State	. Plece of Disposametery, cre	matory or o	other pla		70)	Date	20c. Location		
0	rtan i		4 ☐ Donation 5 ☐ Other			A	RLINGTO					8/15/9		IMORE	, MD
parmit	Department Important: I any injury o		21. Signature of Funeral Servi	Lican	Z.	ارتباء	2	-				ROS., II		LLE,	MD 21208
г	_		23a, Part I. Enter tha disease, show, or heart failure. L	or comp	lications that	caused the de	eath. Do not en								Approximate interval Batween
E	hysician /Medical xaminer	liner	Immediate Cause (Final disease or condition rasulting in death)		a	10 . 3	Opulu (or as a conso	no ha quance of):	for	ass der	est			1	Onset end Death
adificate be executed	ettending physician and for usa as the buriel-trensit	Examiner	Sequentially list conditions, if any, leading to Immediata cause. Enter Underlying Cause (Disease or Injury that initiated events		<i>5</i> .	De me	(or es a conse	quence of):							
ificate he a	physicia the bu	Medical	Cause (Disease or injury that initiated events rasulting in death) Last	1	C	Due to	(or as a consec	juence of):							
artific	ing P	Me		L.	d										
C	tend or us				Q										
death	ed fo	Sic	Pert ii. Other significant condi	tions co	ntributing to d	eath but not r	esulting in the u	nderlying o	ause gi	ven in Pert	i.	23b. Did 1	obacco uae c	ontribute to	the cause of death'
hat the	ed by the e	Physician										10	Yee 26No	3 🗆 Prot	bably 4 Unknow
he law requires that	seen sign	Completed by											an autopsy med?	eve	are autopsy findings eilable prior to mpletion of cause
e law	has Je 2	idm												of (death?
The												101	res 20 No	1	Yes 2 No
clan	certificata rector, pag	Be	25. Was case refarred to media examinar?	-	Hospital:				100		of Death	h (Check only o	ne)		
Physician:	this a	2	1 Yas 2 No				☐ ER/Outpatie		JA		-	me 5 Resid			0
Attending P		ertification:	ZUNCCIOON	tigation	28a. Date (Mon	of Injury oth, Day Year)	28b. Time o Injury	f M	28c. Inju Wo 1 □	ny at ork?]Yes 2□		28d. Describe i	now injury occu	rred	
6	the c	ertific	3 ☐ Suicide 6 ☐ Coul 4 ☐ Homicida dete	d not be mined	28e. Place buildi	of Injury - At ing, etc. (Spe	home, farm, st cify)	eet, factory	y, offica			28f. Location (S City or Tov		ber or Aura	I Route Number,
Hospital	24 hours a Funeral D staly filled	edicai C	29a. Certifier (Check only one) 1 Certify 2 Medica	ing Phys	ner: On the b	asis of exami	nowledge, deat netion and/or In	n occurred vestigation	at the ti	me, date en opinion, dea	d plece, a	and due to the e	cause(s) and m	anner as st	ated. the cause(s)
£	-	S S	29b. Signature and title of senti	or .	and man	ner stated.		204	Licens	se number			29d. Date sign	ad /Maget	Day Vest
l	E)))	(16	VIL		230	D	70	23	9	F/	10/	96
12			30. Name and address of person	n who co	omplated caus	sa of death (It	em 23a) (Type,	Print)	110	e A	IF	BANT	1000	EM	D 212 Of
			31. Data filed (Month, Day, Yes	(V		1/4		~ 1/ 6	LUN	- //6		101/01	1.1010	1	, - 0
	Sta Registr		AUG 1 6 1996	1	lie Dei	lan B	nature								

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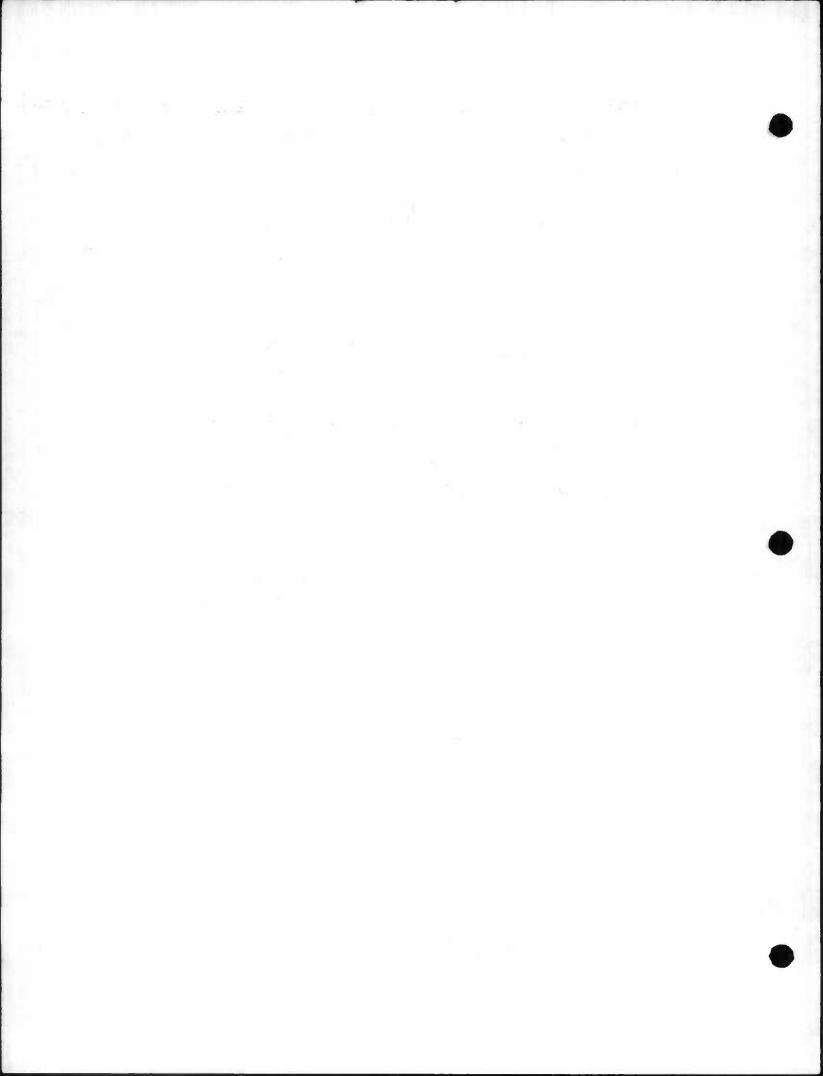
21.21.1

Item:23	a pai	J.	I per MD G-755 1/9/98 1. Decedent's Name (First, Middle, La			061	rtificate or	Dealli	2. Date of D	Reg. No.		3. Time of Death	
	nysicia		Howard Cohen						Month August	Day	Year 196	1230 PM	
	/Medic Examin		4a. Facility Nama (If not institution, give street and number)					4b. City, Town, o		th 4c. County		123014	
	LX		Sinai Hospita						IMORE	N/	'A		
	neral ector		220 02 32.3	M 2□F	ge (In yrs. 1	last birthday) Yrs.	If Undar 1 Yaa Months Day		8. Date of B Month, D FEB 2	o, 1912	9. Birthplac MARYL	a (State or Foreign AND	
pue a	-	1	Usual Residence of Decedent 10a. Stata 10b. County 10c. City, Town or Location								10d	inside City Limits	
Manyd -f aho	a Da	io.	MARYLAND N/A		BALTIMORE					1.00	1 X Yas 2 □ No		
tha 28e	gari	Director	10e. Street and Number				10f. Zip Code			10g. Citizen of	Whai Country	7	
th wit	d la		6317 PARK HEIGHTS	317 PARK HEIGHTS AVE., AP		T. T-9 2121		5		USA			
Maryland 21215-0020 d 2 should be filed within 72 hours after death with the Maryland and Mental Hyglene. T is marked other than "natural" or hams 23a or 28s-f show	idical Examiner must be notified at	by Funeral	11. Maritai Status 1 ☐ Nevar Married 2☐XMarried 3 ☐ Widowed 4 ☐ Divorced	12. Was Deceden Amped Forces 1 🖾 Yes 2 🗆 If Yes, Give Yaar or Dates:	t Ever in U, ? No	S. 13.	Was Decedent of f Yes, specify Cu 1 ☐ Yes 2 💆 No	Hispanic Origin? (ban, Mexicen, Pue	Specify Yas or N rto Ricen, etc.)	lo- 14. Rac Bla Specif	ce - Americen ck, White, ato y: V		
15-00;	dical	Completed	15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) 16a. Decedent's Usual Occupation (Give kind of work done during most of life. DO NOT use retired)					upation a during most of w	orkina	16b. Kind of B	b. Kind of Business/Industry		
vithin ene.		du						rea)					
nd 212 e filed withi	III'	ပ္ပို	17. Father's Name (First, Middle, Last,	2			DRY	CLEANER 18 Mother's No	ama (First Middl	CI. le, Maiden Suman	OTHING	,	
ad be sental	C OV	To Be	ISAAC		HEN			DORA	arrow (1 mor, 10 moon		NOWN		
shou M had M	other traumatic event,	-	19a. Informant'a Name/Relationship (Type, Print)		19b. Mailir	ng Address (Stree	et and Number or F	Rural Route Num	ber, City or Town	, State, Zip Co	ode)	
my , Mand 2	er tra		MRS. SHIFRA COHEN	(WIFE)		6317	PARK HE	IGHTS AV	E.,APT.	T-9 BALT	TIMORE,	MD 21215	
Battimore, Maryland 2 permit. Pages 1 and 2 should be filed Department of Health and Mental Hygh important; if item 27 is marked other.	jury or oth		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif		20b. P	lace of Dispo emetery, crer HEBRE	sition (Name of natory or other p W FRIENI	DSHIP -	Date 8-13-19	20c. Location 996 BALT			
Ball permit Depart	any injury once.		21. Signature of Funeral Service Liberase 22. Name and Address of Facility Sol Levinson & Bros., Inc. 8900 Reisterstown Road Pikesville, MD 21208										
			23a. Part1. Erner the disease, or com- show, or least failure. List only	plications that cause one cause on each	ed the death							pproximata iterval Batween	
Physic /Med Exam	dical liner		Immediate Ceuse (Final disease or condition resulting in death)	a Diabe	ti C	glom	evulc SC juence of):	levosis				ensel and Death	
bet	insit	Examiner		b	5								
68760, ficata be axecuted	s tha burial-transit	edical Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or trijury thet initiated events Due to (or as a consequence of):										
		8	rasulting in daath) Last										
Geath death	od for	sicia	Pert II. Other significant conditions of	ontributing to death I	but not resu	iting in the u	nderlying cause g	given in Part I.	23b. Dic	d tobacco use co	ontribute to th	ne cause of death?	
S, P.C	should be datached for usa	by Phy	Coronary artery disease					1	1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 🛛 U				
	2 should l	Completed by Physician/M	hypertension)						s an autopsy formed?	avalle	autopsy findings able prior to eletion of cause ath?	
The I	page	E C	CERVICAL NECK FRACTI	JRE (PATHOLO	GIC)				10	Yes 22No	1 D Y	'as 200 No	
Vital Re- siclen: The lay cartificate has	ctor,	Be	25. Was case referred to medical examiner?					26. Place of D	eath (Check only	one)			
of Vital R Physician: The	al dire	ို	1 Yas RNo	Hospitai:		ER/Outpatier	I SU DOA		-	sidence 6 □Oth			
Vision of Attanding Portor: After 1	e funera	tlon:	27. Manner of Deeth D⊠Netural 5 □ Pending 2 □ Accident investigation	28a. Date of thi (Month, Da	ury a <i>y Year)</i>	28b. Time of injury	W	uryat ork? ⊒Yes 2⊒No	28d. Describe	how injury occur	rred		
Division in or Attendi	letely filled in by the funeral director, page 2	Certification:	20 Suiside 6 Could not be					26f. Location City or To	26f. Location (Street and Number or Rural Route Number, City or Town, State)				
Mospital	pletely fille	edical	29a. Certifier (Check only one) Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the cause(s) and manner as stated. Medical Examiner: On the basts of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.								ed. e cause(s)		
0 0		ž									Date signed (Month, Day, Year)		
(E	:)		AST				A\$240	52407321-669915 August 11 1996 Ave Balto MD 21215			76		
1		4	Name and address of person who kennel Chung !	nD_2401	deeth (Item	Belve	erini) Leve Av	e Balt	DMO	21215			
Re	Stat	-	AUG 1 6 1996	Julia Dailles	100 Mary	Ess.							

Registrar

State of Maryland / Department of Health and Mental Hygiene

					Certifica	te of Death	Re	g. No.			
Physicia /Medic			1. Decedent's Neme (First, Middle, L	ast)	2. Dete of Deeth	1		3. Time of Deeth			
			VIRGINIA	CAGE	₹ .		Aug.	15 19	96 5	:30A	
	Examin		4e. Facility Neme (If not institution, gi		pice	4b. City, Town, or Li		4c. County of	1 . 0		
	Funeral Director		217-22-9069	Sex 1□ M 20 F 7. Age (In yrs.	last birthday) If Under Months Yrs.	or 1 Yeer If Under 24 Hrs. Deys Hours Min.	8. Date of Birth Month, Day, Feb 24	Year) 9 25	9. Birthplece (5 Country)	Stete or Foreign	
imore, Maryland 2	Maryland -f show fied at	1 by Funeral Director	Usuel Residence of Decedent 10a. State 10b. County	A 10c. Cit	y, Town or Location	to			(ide City Limits	
	h with the		10e. Street and Number	and Ave	10f. Z	21215	10	g. Citizen of Wh	et Country		
	s 1 end 2 should be filed within 72 hours after deeth with the Maryland Health end Mental Hygiene. Item 27 is marked other than "naturel", or itema 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at		11. Meritel Stetus 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. Was Decedent Ever in U, Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Detes:	,S. 13. Wes Dece If Yes, sp	edent of Hispenic Origin? (Specify Cuben, Mexican, Puerto 20 No Specify:	ecify Yes or No- Rican, etc.)		American Ind White, etc.	ian,	
	d within 72 hours giene. I't than "naturel", Dre Maoical Exe	Completed	15. Decedent's E (Specify only highest gi	Education rade completed) College (1-4or 5+)	life. DO NOT	ork done during most of work	ing 1	6b. Kind of Bush	0	inder	
	2 should be filed end Mental Hygi e marked other numatic event, to	To Be C	17-Fether's Neme (First, Middle, Las	ager		18. Mother's Nem	e (First, Middle, M	Chris	han		
	1 end 2 sho Health end em 27 ie me other traum		19a. Informent's Neme/Reletionship Michelle A.	She	5501	Systreet end Number or Rur	re Ba	-Ito, m	d Z	1512	
	00-		20e. Method of Disposition 18 Buriel 2 Cremetion 3 [4 Donetion 5 Other (Speci	Removel from State	Piece of Disposition (Ne remetery, cremetory or DULLAWY	eme of other place) Cenetry	80ate 2	Wool	ity or Town, Sti	md	
Bal	permit. Pag Department Important: It eny injury o		21. Signeture of Funerel Service Lica	le Cook	22. Neme 6						
			23a. Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest. Approximate Interval Between								
0	Physician /Medical		Immediete Ceuse (Finel	Onset end Deeth							
	Examiner		disease or condition resulting in death)	e. Panorea tro Cancer 1 year							
		Der		D) 0) 60 (0	Due to (or es e consequence of):						
x 68760,	certificate be executed ding physician end use as the burlal-transit	I Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	b. — Due to (or as a consequence of):							
	n certificate to anding physic use as the b	Medical	thet initiated events resulting in deeth) Lest	Due to (or es e consequence of):							
Bo	ath for 1	Iclan	Port il Other elgoiticent conditions	contribution to death but not rea	ulting in the condesion	anna ahaa is Bast I	29h Bidash		lbuda da dha a	avec of death 0	
of Vital Records, P	as that the de igned by the e be datached	Physician/	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.					23b. Did tobacco use contribute to the cause of death? 1 Yes 1 No 3 Probably 4 Unknown			
	been should	þ					24e. Wes an		24b. Were aut available completion	prior to	
	The law ate has page 2	Medical Certification: To Be Completed					1 □ Ve	s DEINO	of death?		
			25. Wes case referred to medical			28. Place of Deet	h (Check only one			AT MERC	
	S 50		examiner? 1 Yes 285 No	Hospitel: 1 ☐ Inpatient 2 ☐	ER/Outpatient 3 D	Othor	ome 5 Resider		(Specify) H	OSPICE	
	Attending Ph ir deeth. sctor: After th by the funeral		27. Menner of Death Neture 5 Pending								
	And I Direct		3 ☐ Suicide 6 ☐ Could not I determined		ome, ferm, street, fecto y)	28f. Location (Str. City or Town,	on (Street end Number or Rural Route Number, Town, State)				
	24 ho		29a. Certifier (Check only one) Check only one) Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and piece, end due to the cause(s) and menner as steted. Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and piece, and due to the cause(s) and menner as steted. Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and piece, and due to the cause(s) and menner as steted.								
	o To the		29b. Signeture end title of certifier		29	c. License number		d. Date signed (Month, Day, Y	ear)	
_			<i>m</i>	Donn.		040480		Augus.	1 15,	1996	
	10		30. Neme end eddress of person who	completed cause of deeth (Item	1 23e) (Type, Print)	5810 BO BALTO, M	CATR M	'n			
	Sta	to	31. Dete filed (Month, Dey, Year)	32. Registrer's Signe	tuten a no	esterio.	710 212	206			
	Sta Registr		AUG 16 1996	June Davidson	-Handall						



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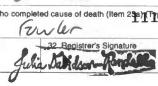
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						Ce	rtificat	e of	Death		Reg. N	lo.				
			1. Decedent's Nama (First, Middla, Last	")						2. Data of I	Death		Alles	3. Time of Death		
	Physici		Vaughn S. Cle	arv						Month 0	8 D	^{ay} 09	96	8:55 AM		
	/Medi Examir		4a. Facility Nama (If not institution, giva						4b. City, Town, o	or Location of De	ath 4	c. County	of Death			
Ĺ			6115 Ruth Street		//www	and the factor of the factor o	If Unda	1 Vaa	Salisbu	7	D' 11	Wice	omico			
	Funeral Director		5. Social Security Number 6. Sa 218-16-8621 Usual Rasidance of Decedant	X 7. Aga (n yrs. ia 81	st birthday) Yrs.	Monfhs	Days		in. (Month,	Day, Year 5 – 14	r)	9. Birthp Coun Mar	laca (Stata or Foreign try) y Land		
	Marylend -f show	tor	10a. State 10b. County MD Wicomi			Town or Lo							1	0d. Inside City Limits 1 ☐ Yas 2 ☑ No		
	1the	Director	10e. Street and Number		Da.	11300	10f. Zip	Coda			10g. C	Itizan of V	What Coun	try?		
	23e or	ai Di	6115 Ruth Stre	et			2]	180	4				l Sta			
020	ould be filed within 72 hours after death with the Marylend Mental Hygiene. arked other than "natural", or flems 23a or 28a-f show add event, the Medical Examiner must be notified at	by Funeral	11. Marital Status 1 Navar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ev. Armed Forcas? 1 [汉] Yas 2 □ No If Yas, Giva Yaar or Datas: (W)			Was Deced If Yas, spe- 1 ☐ Yes		Hispanic Origin? pan, Maxican, Pu Specify:	(Specify Yas or larto Rican, atc.)	No-		e - Amaric ck, Whita, v: Wh			
0-10	2 ho	ted	15. Decedant's Edu	cation		16a. Dece	dant's Usu	ai Occu	pation		16b.	Kind of B	usinass/inc			
Maryland 21215-0020	Hied within 7 Hygiene. other than "n ent, the Ned	Completed	(Specify only highest grad	Coliaga (1-4or 5+)		lifa.	bo not u 2mblyr	sa <i>ratin</i>	during most of weed)	vorking	Go	nora	l Mot	ONA		
P	be liled tal Hygie d other event, II	Ö	17. Fathar's Nama (First, Middla, Last)	U		HANNE	JIIDZYI	nari	18. Mothar's N	lama (First, Midd				0703		
a	d be sortal	To Be	Vaughn S. Cleary,	Sr.						rnown			Í			
7	d 2 should be th and Menta 7 Is marked traumatic ev	F	19a. informant's Name/Ralationship (Ty			19b. Melli	na Addrass	s (Stree	t and Number or		nber, City	or Town.	Stata, Zio	Coda)		
	D 77 -		Mabel Cleary/Wife				-		eet-Sal					804		
Baitimore,	permit. Peges 1 and 2 Department of Health Important: If item 27 I any injury or other tri		20a. Mathod of Disposition 1 Buriai 2 Cramation 3 4 Nonation 5 Other (Specify)		20b. Pla	nce of Dispo	osition (Na	ma of		Data			City or To	wn, Stata		
Baiti	permit. Departmingortal		21. Signature of Forgeral Service License Rongs	96	Vade, Dir. State Anatomy Boa Baltimore, Maryla						W. B	more	Street			
		1	23a. Part1. Enter the disease, or compl	ications that caused th	a daath.							227		Approximata Intarvai Batween		
	Physician /Medical Examiner		immediata Causa (Finai disassa or condition resulting in death)	21a. Pirt1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, mock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition Metastatic carcinoma of the bladder												
		Je l				as a conse			of the	nrost	+-		1	Mantha		
68760,	certificate be executed iding physician and ise as the buriel-transit	Medical Examiner	Sequentielly list conditions, if any, leading to immadiata causa. Enter Undarrying Causa (Disease or injury that initiated events rasulting in death) Last	Du	as a consec	quence of):	-	OI CHE	e prost	prostate			Months			
Box 6	0 0 0	an/Me	L,	d									1			
	death se atten	sicia	Part ii. Other significant conditions cor	ntributing to death but r	not rasult	ting in tha u	indariying d	ausa g	lvan in Part i.	23b. Di	id tobacc	0 use co	ntribute to	the cause of death?		
P.0	hat the ed by th detach	Physician/								E 10	X Yes	2□ No	3 ☐ Prot	eably 4 Unknown		
Records,	sw requires is been sign 2 should be	Completed by								24a. W	as an aut rformed?	opsy	ave	ara autopsy findings allable prior to appletion of causa death?		
Œ	0 - 0	E								1[☐ Yas	2 No	10	Yas 2□ No		
Vital		Be	25. Was cese refarred to medical						26. Piaca of D	eath (Check on)	y ona)					
of	aling Phys h. After this funeral di	ို	27. Manner of Deeth 1 ⊠Naturel 5 □ Panding	1 ☐ inpatiant 28a. Date of injury (Month, Day Y		R/Outpatle 28b. Tima o injury		28c. inju		Home 5 A Re 28d. Dascrib			. , ,)		
Division	al or Attending s after deeth. Il Director: Afte ed in by the fune	Certification:	2 Accidant investigation 3 Suicida 6 Could not be 4 Hornicida datarmined	28a. Place of injury building, atc. (- At hon Spacify)	na, farm, st					(Street a Town, Sta		oer or Rura	l Routa Number,		
	To the Hospital or Atl within 24 hours after d To the Funeral Direct completely filled in by	edical	29a. Certifiar (Check only one) 1 □ Certifying Physical (Check only one)	stcian: To the best of near: On the basis of ax and manner state	caminatio	edga, daati on and/or in	h occurred vastigation	af tha t , in my	ima, data and pia opinion, daath oc	ce, and dua to the curred at the time	na ceusa(a, data ar	s) and me	annar as st and dua to	ated. tha cause(s)		
	To the Within To the comple	Me	29b. Signature and title of certifier	Show	arlo	I	Z// 290	c. Licen	sa number	26	29d. D	eata signe	d (Month,	1996		
			30. Name and address of person who completed cause of death (Nam 24a) (Type, Print)										1114			
	Sta Begistr	_	John H. Shena 31 Data filed (Month Day, Year) AUG 1 6 1996	SKY II,	M . D . Signatu	. 10)6 Pi	Lne	Bluff	Road,	#16	Sali	isbu	ry MD		

Please	Type or Print in Black Indelible Ink. Assure All Copies Are Legible.	
PER MEO FILM G-738 8/22/96 t.t	State of Manyland / Department of Health and Mantal Hydiana	24341
150 11EH 0-736 6/22/90 t.t	Certificate of Death Reg. No.	

Phys	ician	Decedent's Name (First, Middla, Las PAUL	W.	CIC	WSER	2. Date of Das Month	th Day	Yeer	3. Time of Death	
/Me	edical miner	As Facility Plans (Mars 1994)		ChC	4b. City, Town, o	AUGUST or Location of Daath ORE CITY	4c. County		4:53	
Fune: Direct		5. Sociel Sacurity Number 6. S 215-46-8234		rrs. lest birthday) if Undar 1 48 Yrs. Months		rs. 8. Data of Birth		9. Birthpl Count West	4 ace (Stete or Foreign ry) t Virginia	
yland		Usual Residance of Decedent 10a. State 10b. County	10c.	City, Town or Location			10 10		d. Inside City Limits	
Ba-f e	Cto	Md. N.	/A		Baltimo	ore City			1 X Yes 2 □ No	
3a or 2	ai Dire	10e. Street end Number	Lyndale Aven	ue 10f. Zip C	ode 21213		log. Citizen of t	What Count		
72 hours after death with the Manyland naturals, or thems 23a or 28a-f show	by Funeral Director	11. Marital Status 1 Navar Married 2 Married 3 Widowed 4 Millororced	12. Was Dacedent Ever in Armed Forces? 1 ☐ Yas 2 ☑ No If Yes, Give Year or Datas:		nt of Hispanic Origin? y Cuban, Mexican, Pu		14. Rac	ce - Americe ck, Whita, e	en Indian, etc.	
d 2 should be filed within 72 hours after death with the Manyian than d Mental Hygiene. 77 is marked other than "natural", or items 23a or 28a-f show trumstic event, I'm Model Easter each	Completed		ucation	16a. Decedent's Usuel (Give kind of work life. DO NOT use		vorking	16b. Kind of B		ustry	
should be filed nd Mental Hygid marked other	To Be Co	17. Father's Name (First, Middle, Last)	nklin K. Clov	Hairdress wser	18. Mother's N	lame (First, Middle, e A. Galf	Maidan Sumen			
27 a 27		19a. Informant's Neme/Raletionship (7) Sadie A. Clowser 20e. Method of Disposition	(Mother)	19b. Meiling Address (3 3800 Lynd b. Plece of Disposition (Neme cemetery, crematory or oth	ale Ave.	Baltimore		land	21213	
permit. Pages 1 ar Department of Hea Important: If item: any injury or other	once.	1 M Buriei 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specify 21. Signature of Funeral Service Licen) O	ak Lawn Cemet ight Jr 22. Nama and	ery 8/	19/96 Leonard J Baltimo		Inc.		
tificate be executed g physician and as the burial-transit	edical Examiner	disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immadiate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last	bDue to	o (or as e consequence of): o (or es a consequenca of): (or es e consequence of):						
hat the death certion of by the attending detached for use a	by Physician/Me	Part il. Other significent conditions co	d	esulting In the underlying cau	se given in Part I.				the cause of death?	
law requir as been s 2 should	Completed					24e. Was a perton		con	re autopsy findings ilable prior to upletion of ceuse eath?	
ician: The certificate h rector, page		25. Wes case referred to medical					as 2 No	15	¥as 2□ No	
Physician: this certificantal director,	o Be	examiner?	Hospital: 1 ☐ Inpatient 2	☐ ER/Outpatient 3☐ DOA	Othor	Home 5 Reside		er (Snecify		
ding h. After	Certification: T	27. Menner of Death 1 Netural 5 Pending Invastigation	28e. Dete of Injury (Month, Dey Year) 8/15/96		Injury et Work?	28d. Describe ho	w Injury occur	1-1		
- 5 H 6		Sulcide 4 Homicide 6 Could not be determined	building, etc. (Spe	homa, farm, street, factory, ocify) HOME nowledge, death occurred at		BALTIMORE	, MARYLAI	L YNDAI VD	LE AVE.	
the Hospital hin 24 hours a the Funeral mpletely filled	edical	(Check only and Medical Example one)	ner: On the basis of examinand manner stated.	netion end/or investigation, in	my opinion, deeth oc	curred et the time, d	ete end piece,	end due to	the ceuse(s)	
E) 2	29b. Signature end title of cartifler 29c. Licensa number O.C.M.E 29d. Dete signed (Month AUGUST 15)								
145		30. Name and address of person who c	ompleted cause of death (It	em 23a h Trine Prieth	Chasak 1	Paltimor		-	3 01001	

State Registrar



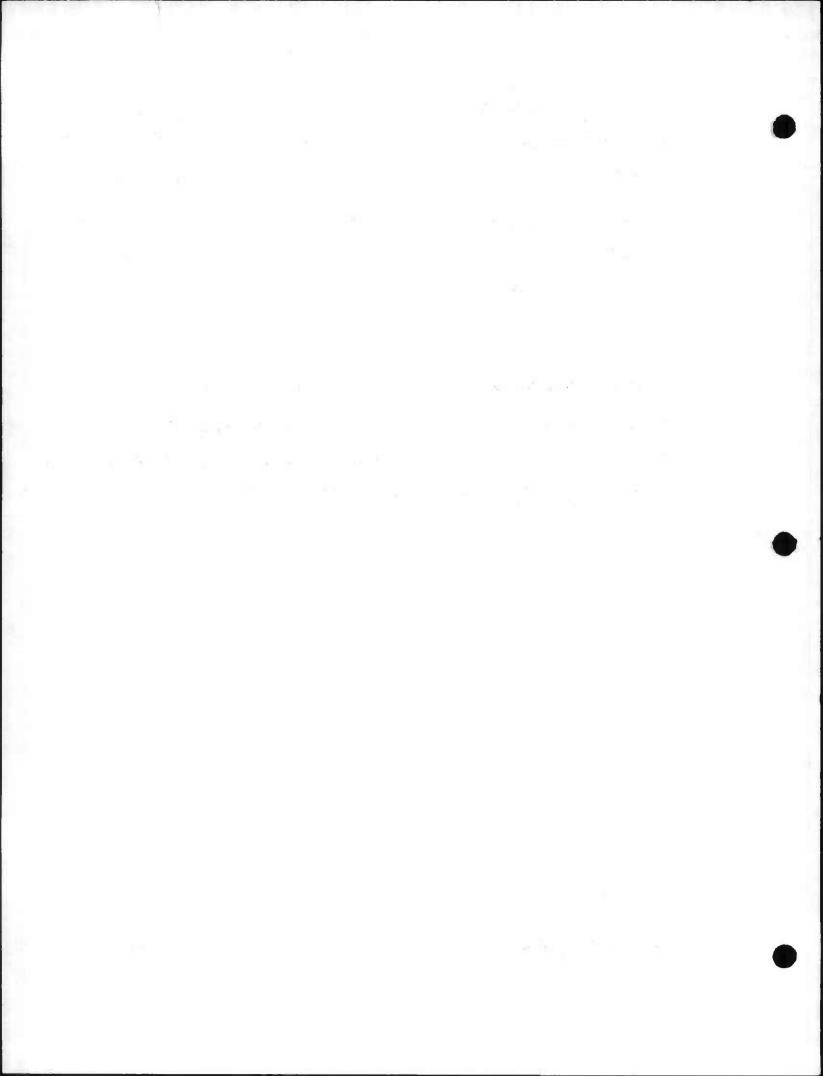
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State of Maryland / Department of Health and Mental Hygiene

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						Cei	rtificat	e of	Death			Reg. No.			
	Physic /Medi		WITIIAN F. WIE								2. Date of De Month	eth Dey	Year 6	32	e of Deeth
į	Exami		4e. Fecility Neme (If not Institution, given Home, 4334 Falls		ber)				4b. City, To Balti		cation of Deeth	4c. County	_		
	Funerai Director		2 2 20	Sex VDM 2□F	7. Age (In yrs. last L 75	oirthday) Yrs.	If Unde Months	Deys	If Under Hours	24 Hrs. Min.	8. Dete of Bird (Month, Da) July 1	y, Year)	9. Birthpl Count		te or Foreign
	r 28a-f show	ctor	Usuel Residence of Decedent 10a. Stete 10b. County Maryland Baltima	ore City	10c. City, To		cation timor	re			1			Od. Insid	e City Limits
	fler deeth with the reference 23a or 20	Funeral Director	10e. Street and Number 4334 Falls Road				10f. Zip	Code	2	21211		10g. Citizen of	10g. Citizen of Whet Country? USA		
21215-0020	al', o	by	11. Maritel Stetus 1 Never Merried AMArried 3 Widowed 4 Divorced	Armed For			Wes Dece If Yes, spe 1 Yes			gin? (Spi n, Puerto	ecify Yes or No Ricen, etc.)		ce - America ck, White, a y: White	etc.	η,
5-0		Completed	15. Decedent's Ed (Specify only highest gra		16	(Give	dent's Usu kind of wo	rk done	during mos	t of worki	ing	16b. Kind of B	usiness/ind	lustry	
121	with then	ldmo	Elementery/Secondery (0-12)	College (1-	4or 5+)		<i>DO NOT</i> u Maste		on e rgea r	nt.		US A	irfor	ce	
Maryland 2	tal Hyg d othe	To Be Co	17. Fether'e Neme (First, Middle, Last, Thomas Frank						18. Mothe	r's Neme		Meiden Sumer ertmill	ne)		
ary	A DE	-	19e. Informent's Name/Reletionship (15	9b. Meilir	ng Address	(Street	end Numbe	er or Rura	al Route Numbe	er, City or Town	, Stete, Zip	Code)		
	es 1 and 2 of Health a Item 27 ls		Betty Cole (Wife) 4334 Falls Road Baltimore, MD 21211												
altimore,	Peges 1 nent of H ant: If Iten ury or oth		20e. Method of Disposition 1 Buriel 2 □ Cremetion 3 □ 4 □ Donetlon 5 □ Other (Specify		teta cemer	ery, crer	natory or o	ther ple		c 8/1	Dete 12/1996	20c. Location Elders			
Balt	permit. Peges Department of Important: If It any Injury or page.		21. Signeture of Funerel Service Licer	/ 1	enter	ים	uraca	LIO	nss of Fecilit	more	al Home	Marril	222	1 2 1 1	
	Physician		23a. Pert1. Enter the disease, or com shock, or heert return. List only	plicetions that ca one ceuse in ee	used the deeth. Dech line.	not ent	er the mod	de of dyi	ng, such es	cardiec	or respiretory en	rest,	and 2	Approxi Interval Onset a	mete Between nd Deeth
	/Medical Examiner		Immediate Ceuse (Finel disease or condition resulting In deeth)	e. LUNG	CANCER									450	PERS
		Je.			Due to (or es	e conseq	quence of):								
68760,	ertificate be executed ling physician end e as the burlat-transit	Medical Examiner	Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting In death) Lest	b	Due to (or es e consequence of): Due to (or es e consequence of):										
Rox	2 2 2	clan/Me		d											
л О	t the c by the	Physician	Pert II. Other algnificant conditions of PROSTATE (ANCER		ith but not resulting	In the u	nderlying o	ause gi	ven in Pert I	٠		tobacco use co Yes 2□No			
Hecords,	aw requires ss been sign 2 should be	Completed by	Copp									an eutopsy rmed?	cor	eileble pr	sy findings ior to of cause
	: The I			_							10	Yes 2 No	1	Yes :	Ž₩ No
Vital	Physician: The this certificate ral director, pag	Be C	25. Wes case referred to medical exeminer?	Hospitel:				Ot	hor:		Check only o				
ō	ding Phys h. After this funeral d	1 Inpatient 2 EH/Outpetient 3 DOA 4 Nursi						forme 5 Massidence 6 ☐Other (Specify) 28d. Describe how injury occurred							
DIVISION	Hospital or Attending i 24 hours after death. Funeral Director: After stely filled in by the funer	Certification:	2 Accident Investigation 3 Sulcide 6 Could not be determined	28e. Plece	of Injury - At home, g, etc. (Specify)	ferm, str	eet, factor	y, office			28f. Location (S City of Tox	Street end Num vn, Stete)	ber or Rura	l Route I	Number,
	he Hospital in 24 hours a he Funeral I	edical (se(s)
		29b. Signeture end title of certifier 29c. License r										29d. Dete signe		Dey, Yea	ir)
	(E)	10 10 10 10 10 10 10 10 10 10 10 10 10 1									8/9/9	16			
	401		30. Neme and address of person who					d.	2122	4					
	Sta	ite	31. Dete filed (Month, Dey, Year)	32. Re	gistrer's Signeture			9	2126	1					
	Registi		31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture												

DHMH 16 Rev 6/95



ITEM: 8. PER F.H. FILM G-738 8/20/96 t.t

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

ML •

State of Maryland / Department of Health and Mental Hygiene item #1, filmg 738, 8/16/96,cyw, per fh Certificate of Death

85

Reg. No.

N/A

Physician
/Medicai
Examiner

1. Decedent's Name (First, Middle, Lest) HELEN E.

DEPITILA DEPTUELA

Deys

If Under 1 Year | If Under 24 Hrs.

Hours

2. Dete of Deeth AUGUST

06

3. Time of Death 8:47 AM

1 X Yes 2 □ No

351 CORNWALL STREET 2ND.FLOOR 6. Sex 7. Age (In yrs. lest birthday)

1 M 2 XF

4e. Feclifty Neme (If not institution, give street end number)

4b. City, Town, or Location of Deeth

BALTIMORE

14 1996 4c. County of Deeth

Funeral Director

r than "natural", or itsms 23s or 28s-f show the Medical Examiner must be notified at

Director

Funerai

Be Completed by

the Maryland

death

filed within 72 hours after

Hygiene.

other 7 is marked other treumatic event,

permit. Pegas 1 and 2 should be file Department of Health and Mental Hy Important: if Nem 27 is marked oth any linjury or other treumatic event spots.

Physician

The law requires that the death certificete be executed

Box 68760,

P.O.

Division of Vital Records,

Attending Physicien:

/Medicai **Examiner**

the buriel-trensit

USB 98

pue

physician

the signed by

peen

page 2 certificate hes

director,

in by

this funerel

After

deeth the

To the Hospital or Attend Within 24 hours efter deel To the Funeral Director:

Physician/Medical Examiner

þ

Completed

Be

Certification: To

Medical completely

Baltimore, Maryland 21215-0020

Usuel Residence of Decedent 10e. State 10b. County Md. N/A

10c. City, Town or Location Baltimore

Yrs.

8. Dete of Birth (Month, Dey, Year) 06 14 11 12 9. Birthplece (Stete or Foreign Country)
Maryland 10d. inside City Limits

10e. Street end Numbar

2nd.Floor

10f. Zip Code 21224 10g. Citizen of Whet Country? USA

351 Cornwall Street

11 Marital Status 1 Never Married 2 Married 3 ₩idowed 4 Divorced

12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes:

13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 ☐ Yes 2 ☑ No Specify:

14. Rece - American Indian, Bieck White etc. White Specify:

15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12)

College (1-4or 5+)

16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT usa ratired) Packer/Inspector

16b. Kind of Business/Industry McCormick Co.

Unknown

17. Fethar's Neme (First, Middle, Last) Sylvester Everett 18. Mother's Name (First, Middle, Maiden Sumeme) Mary May Everett

19a. Informent's Name/Reletionship (Type, Print)
Gerldine Wenkel, Niece

22. Name end Address of Fecility

19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, Stata, Zip Code) 332 Yale Avenue Morton, Pa. 19070

20e. Mathod of Disposition

1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify)

20b. Plece of Disposition (Nema of cemetery, cremetory or other plece) Baltimore National Cem.

8-16-96

20c. Location - City or Town, Stete Balto., Md.

21. Signeture of Funeral Service Licensee

23a. Peril. Entar the disease, or complications that caused tha deeth. Do not entar the mode of dying, such as cerdiac or respiratory errest, shock, or heart feiture. List only one cause on each line.

Charles S. Zeiler & Son Inc.

Immadlete Ceuse (Final disease or condition resulting in death)

pertensive Arteriosclerotic Cardiovascular Disease

Due to (or as e consaguance of)

Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disaase or Injury that Initiotad events resulting in deeth) Lest

Dua to (or es e consequence of).

Due to (or es e consequence of):

Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 No 3 ☐ Probably 4 ☐ Unknown

Cancerce

6 Could not be datarmined

24e. Was an eutopsy performed? inspection

1 ☐ Yes 2 No

24b. Were autopsy findings aveileble prior to completion of ceuse of death?

1 ☐ Yes 2 ☐ No

Approximate interval Batween Onset end Death

25. Wes cese referred to medicel axaminer? 1 Yes 2 No

28a. Dete of Injury (Month, Day Year) 5 Pending Investigation

hute m

Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA 28b. Time of 28c. injury at Work?

28. Place of Deeth (Check only one) Other: 4 Nursing Home 5 X Residence 8 Other (Specify)

28d. Describe how Injury occurred 1 Yes 2 No

29e. Certifian

27. Menner of Deeth

1 Neturel
2 Accident

3 Suicide

4 | Homicide

28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify)

(Check only one) 29b. Signeture end title of certifier

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License number O.C.M.E.

AUGUST 14,1996

29d. Dete signed (Month, Dey, Year)

28f. Location (Street and Number or Rurel Route Number, City or Town, Stete)

30. Name end addrass of person who complated ceusa of deeth (ttem 23a) (Type, Print)

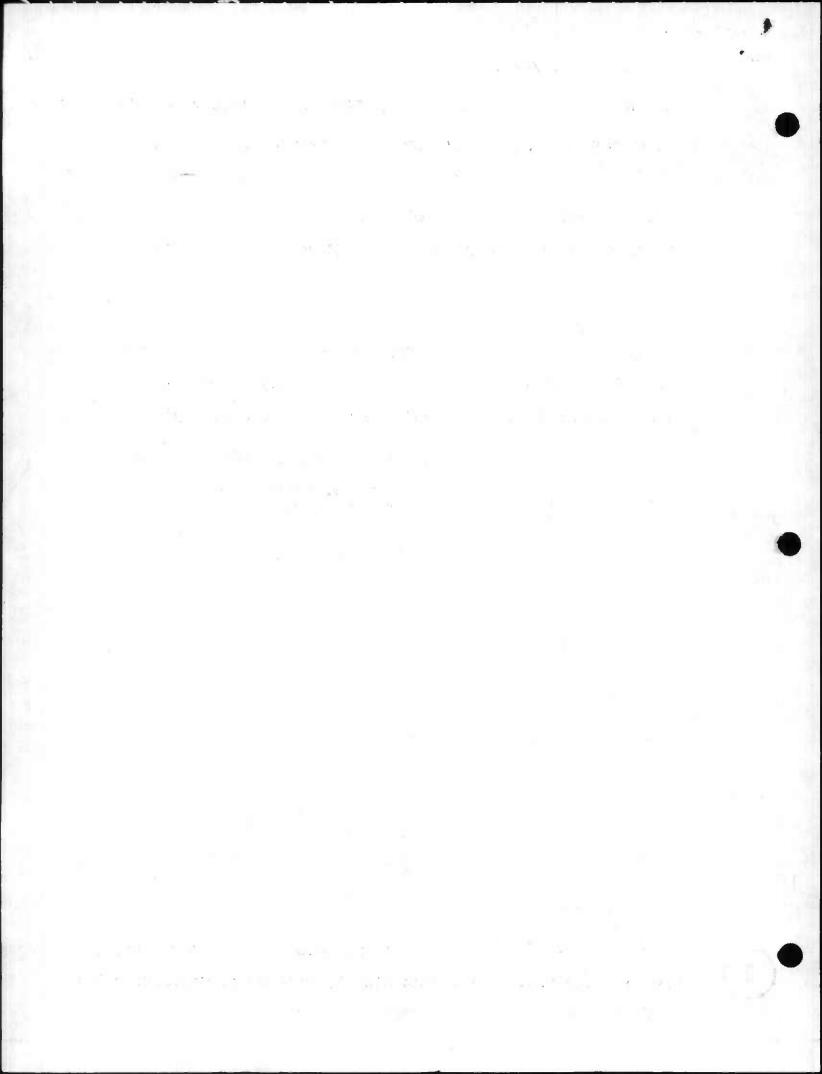
Dennis Chute M.D.

111 Penn Street, Baltimore, Maryland 21201

State Registrar

31. Dete filed (Month, Day, Year) AUG16 1996



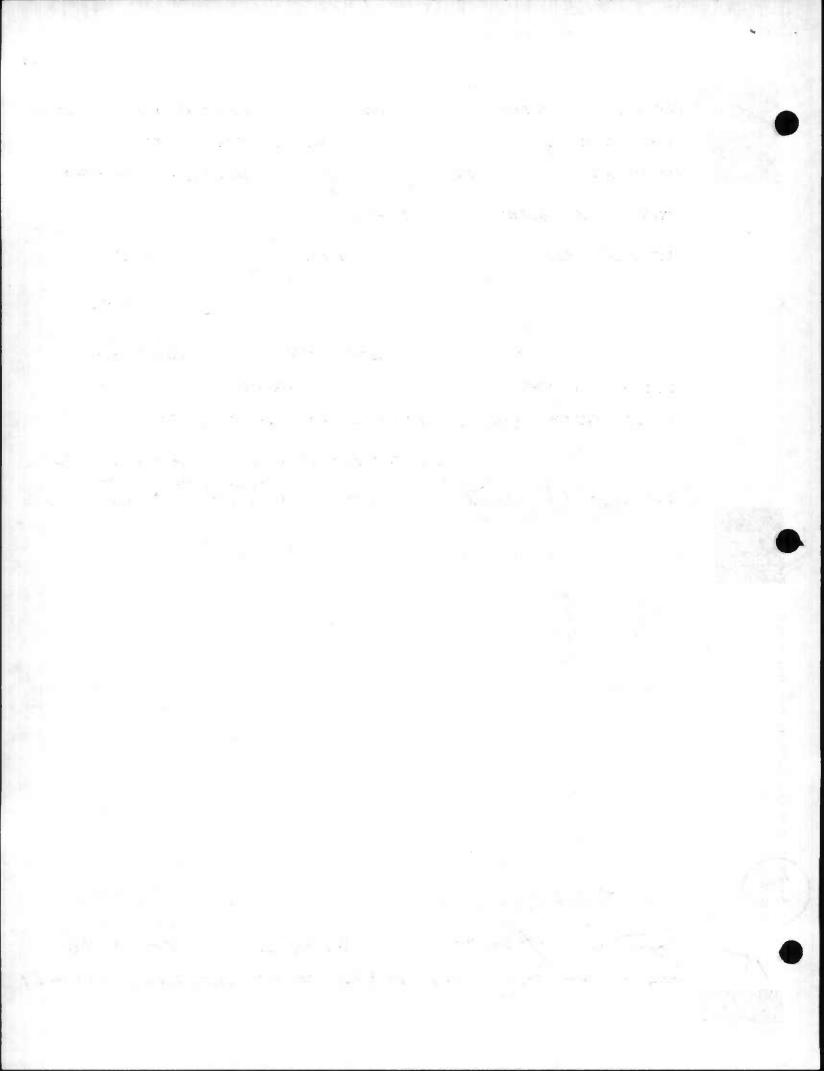


State of Maryland / Department of Health and Mental Hygiene 96

ene 96 24347

								001	Death			Reg. N	lo.		
ion	1. Decedent's No	eme (First, Mid	ldle, Last)					100			2. Date of D Month		Dey	Yeer	3. Time of Deet
ian cai	MARGARE	ET	EI	LIZABE	TH	I	OONLAN				AUGUST				11:25 A
ner	4e. Fecility Neme	e (If not institut	ion, give s	treet end nu	mber)				4b. City, Town	or Lo			c. County		
	2708 PI	ERPONT	ST.					F	BALTIMO	RE	CITY		N/A	1	
	5. Sociel Security	Number	6. Sex		7. Age (In y	rs. lest birtho	(ay) If Under Months	1 Yeer	If Under 24		8. Dete of Bi (Month, D	irth			nplece (State or Fore
	215-07- Usuel Residence		10	M 2X)F	85	Yrs	S. INDITIO	Doys	Hours	viai.	JAN. 1	1,	1911		RYLAND
	10a. State	10b. Coun	ty		10c.	City, Town o	r Location								10d. Inside City Lim
io	MARYLANI	ANI	NE AR	RUNDEL		GLI	EN BURN	IE							1 ☐ Yes 2 💢
Director	10e. Street end h	Number					10f. Zip	Code				10g. C	Offizen of V	Vhat Cou	untry?
	148 CA	ARROLL 1	ROAD					210	060				11.	S.A	
Funeral	11. Maritel Stetu			2. Was Dece Armed Fo	edent Ever in	n U,S.	13. Wes Deced	dent of H	ispenic Origin	? (Spe	city Yes or N	0-	14. Rec	e - Amer	ican Indien,
		erried 2 Ma		1 Yes	2A No		1 ☐ Yes 2			ueno i	Hican, etc.)			k, White	o, etc.
l by	3 Widowed	4 Divorce	d	Yeer or D	etes:		TLI Yes &	ZALI NO	Specify:				Specify	WH	ITE
Completed	(Sr	15. Decede	ent's Educ	ation		16e, De	ecedent's Usue	el Occup	etion	workin	20	16b.	KInd of Bu	siness/l	ndustry
npie	Elementery/Se			College (1	1-4or 5+)	- lii	e. DO NOT us	se retired	d)	WUIKII	,g	C.	ARR-I	OWE	RY
Col	8	}		NONE			STOPPE	R GF	RINDER			G	LASS	COM	PANY
Be	17. Fether's Nem	e (First, Middle	e, Last)						18. Mother's	Name	(First, Middle	, Meide	en Sumem	e)	
To	LAWREN	ICE L.	GRANC	GER					GER	TRU	IDE		ZA	LHM	AN
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DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. 24348 State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Physician JULY 1996 LOUIS DOBBINS 26 12:32 am /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner SINAI HOSPITAL BALTIMORE If Under 1 Year | If Under 24 Hrs. 8. Date of Birth Months Days Hours Min. 12-13-31 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign Country)
Virginia **Funeral** 1 ₪ M 2 □ F 54 Director Yrs 214-25-4762 Usuel Residence of Decedent Maryland 10a State 10b. County 10c. City, Town or Location Show mart be notified at 10d. Inside City Limits Director 1 ☐ Yes 2 ☐ No Na BALTIMORE the 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? permit. Peges 1 and 2 should be filed within 72 hours after death with 1 Department of Health and Mental Hygiene. Important: If Itam 27 is marked other than "natural", or Items 23a or 3 any Injury or other traumatic event, the Medical Example meather 5529 RELLEVILLE AVENUE 21207 USA Funeral 11. Maritel Status 12. Was Decadent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black White etc. 1 XYes 2 No If Yes, Give Year or Dates: 1 ☐ Never Merried 2 ☐ Married 21215-0020 Completed by 1 ☐ Yes 2 ☑ No Specify: Specify: Black 3 Widowed 4 Divorced Korean 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Self-Employed Excavation Baltimore, Maryland 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be THOMPSON ALEXANDER CARISTINE DOBBINS 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) DOBBINS /son AARON Clifton Avenue Balto, ind. 21216 20b. Place of Disposition (Neme of cemetery, crematory or other place) 7/30/96 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) OakHill Baptist Church MassieHill, Va. 21. Signeture of Funeral Se 22. Name end Address of Facility UNITY FUNERAL HOME 23a. Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Balto. Md. 21201 Approximete Interval Between Onset and Death **Physician** /Medical Immediate Ceuse (Final disease or condition resulting in death) Examiner Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest ettending physician and for use es the bunal-tran Due to (or as e consequenca of): Physician/Medical (or as e consequence of) 1511 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 ☐ Probably 4 ☐ Unknown uper tenstoy. Mortid obesity Completed by 24b. Were autopsy findings eveilable prior to completion of cause of deeth? 24a. Was an autopsy performed? 1 Yes 2 No 1 Yes 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) To Yes 2 No 1 Dopatient 2 ER/Outpatient 3 DOA 28c. Injury at Work? 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 Watural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Sulcide Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide

Division of Vital Records, P.O. Box 68760, Certification: after 6 Hospital 24 hours a Funeral D Medical within 24 hou To the Fune completely fi

29b. Signeture and title of certifier

Certifying Physician: To the best of my knowledge, death occurred et the time, dete and placa, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29c. License number

29d. Dete signed (Month, Day, Year) AS 2402321-JW-9055 Aarst 16,1996

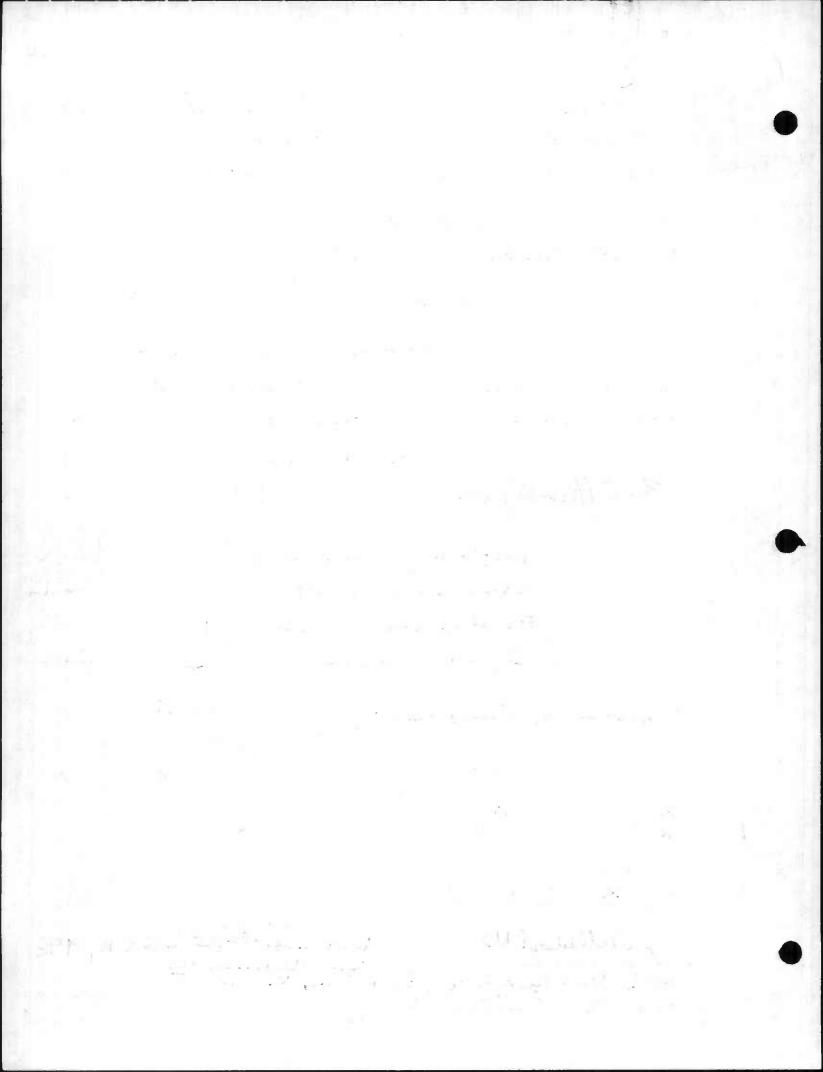
30. Neme and address of person who completed cause of deeth (Item 23e) (Type, Print) Jeffuer William William & M. Boltimore, MD West Belvedone

State Registrar

29e. Certifier

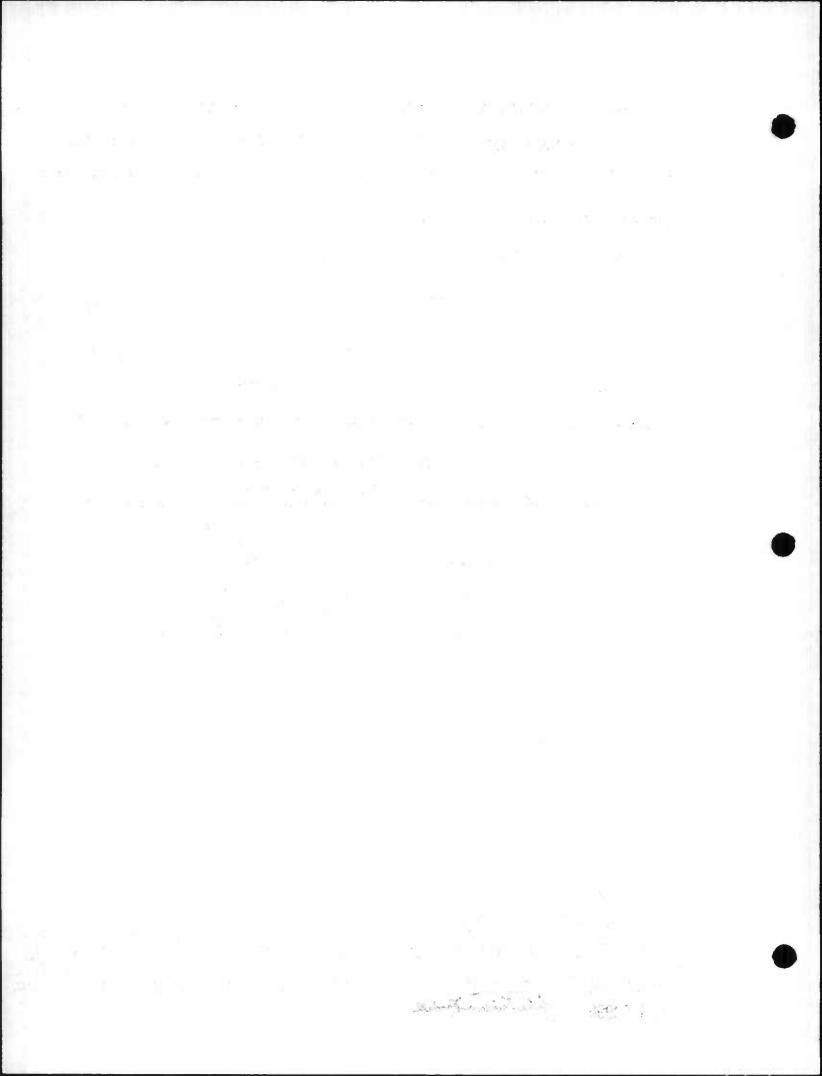
(Check only one)

31. Date filed (Month, Day, Year) AUG 16 1996 32 Degistrer's Store



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene

						Cei	tificate d	of Deat	th		Reg. No.				
	Physic	an	Decedent's Name (First, Middle, La. CHARLES A	st) ALEXANDER	ום	UBBS .	. SR.			2. Date of De Month AUGUST	eth	3. 1996	Time of Uesth		
v	/Medi		4a. Facility Name (If not institution, give			ODDO ,	, DIC.	4b. Citv.	Town, or Lo	ocation of Death			1.000		
	Exami	ner	5904 GLEN ARM RC	AD EAST			WHI-T-TV	GI	LEN AF	M	BA	ALTIMORE			
	Funeral Director		5. Sociel Security Number 168-14-7682 Usual Residence of Decedent	ex 7. Age	e (In yrs. lest 74	Yrs.	If Under 1 Ye		der 24 Hrs.	8. Date of Bird (Month, De 4/8/22	th by, Year) 2	9. Birthpiece Country) PENNSYI	(Stete or Foreign		
	show		10a. State 10b. County		10c. City, T	own or Lo	cation					10d. l	nside City Limits		
	28a-f st	ctor	MARYLAND BALTIMO	DRE	G	LEN A	ARM					1	☐ Yes 2 No		
	23a or 28	rai Director	10e. Street end Number 5904 GLEN ARM RO	DAD EAST			10f. Zip Cod 21	057			10g. Citizen of	What Country? JSA			
020	72 hours after death with the Meryland natural, or items 23s or 28s-f show call Examine must be notified at	by Funeral	11. Marital Status 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. Wes Decedent Armed Forces? ****[XYes 2 No. 1] Yes, Give Yeer or Dates:			Was Decedent f Yes, specify C I ☐ Yes 2/00			ecify Yes or No Rican, etc.)	14. Re Ble Specia	ce - American Inck, White, etc.	ndien,		
2-0	n 72 hours "natural",	eted	15. Decedent's Ed (Specify only highest gre	lucation de completed)	1	6a. Deced	lent's Usual Oc	cupation	nost of work	ina	16b. Kind of B	usiness/Industr	у		
2121	jene.	Completed	Elementary/Secondary (0-12) 12th GRADE	Elementary/Secondary (0-12) 12th GRADE College (1-4or 5+) SALES ENG. 7. Father's Name (First, Middle, Last)								MACHINE SHOP			
⊆ .	should be filed nd Mental Hygid marked other urnatic event, the	To Be (17. Father's Name (First, Middle, Last) TRACY DUBBS							e (First, Middle, TH HOLD)	, Melden Sume EN	me)			
Jar	end end		19a. Informant's Name/Relationship (-				er, City or Town				
	Heeith em 27		PAULINE B. DUBBS	WI			GLEN A		AD EA		N ARM,				
<u> </u>	0 0		20a. Method of Disposition 1 Burial 2 □ Cremation 3 □		ceme	etery, cren	sition (Neme or netory or other	plece)	i	Date		- City or Town,			
	permit. Page Department of Important: If any injury or once.		4 Donetlon 5 Other (Specific		GARE	-			- 1	8/15/9	6 PARKV	ILLE, M	D		
Ba	Depa Impo any l		21. Signeture of Funerel Service Licen	1 V	/	JČ	Name end Ad OHNSON I	FUNERA	AL HOM	1E					
			Christina	J. Nope	zejk		3521 LO				OWSON, N				
	Na		23a. Pert1. Enter the disease, or com shock, or heart feilure. List only	one cause on each ilr	16.	o not ent	er the mode of	ayıng, sucn	es cardiec	or respiretory e	rrest,	Inte	proximete rivel Between set and Death		
)	hysician /Medical		Immediate Cause (Final	(0	PN	611	160.11	10	1	11110	hr				
ŧ	Examiner		diseese or condition resulting in death)		Due to (or as			1414	. 17	HUR	2				
Ŋ,		ner		ANTS	NAA O	a conseq		1100	17	ON		i i			
	outed nd transi	Examiner	Sequentially list conditions,	b. /1102	Due to (or as	a conseq			1111						
Ď,	certificets be executed ding physician and see es the burlal-transit		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	M3	TAS	וודמה	c m	DET	473	CAA	1(3R	i i			
09/90	hysic the b	dica	that initiated events resulting In death) Last	С.	Due to (or as	a conseq	uence c	COLI	11.						
O XO	ding p	/Medical		d											
	_			0.											
	0 0 8	Physician	Pert II. Other significant conditions or	ontributing to death bu	ut not reeultin	g in the ur	nderlying cause	given in Pe	ert I.	23b. Dld	tobacco use co	ontribute to the	cause of death		
Ľ	es mat ma igned by th be detach									10	Yee 20 No	3 Probably	4 ☐ Unknow		
ords	been sign should be	Completed by								24a. Was	an autopsy ormed?	evailab	utopsy findings le prior to tion of cause		
ř	o - 8	mo								10	Yes 2000	1 □ Yes	s 200 No		
		Be C	25. Was case referred to medical					26. PI	ece of Deat	h (Check only o					
	w 0	To	examiner? 1 Yes 2 Yo	Hospital: 1 ☐ Inpatie	nt 2□ER/	Outpatien	t 3□ DOA	Other: 4	Nursing Ho	ome 5 Resid	dence 6 D0t	ner (Specify)			
OHO!	ftar th		27. Manner of Death 1 ► Natural 5 □ Pending	28a. Date of Injur (Month, De)		b. Time of Injury	28c. I	njury et Work?		28d. Describe	how Injury occu	rred			
010	the fe	cati	2 Accident Investigation 3 Suicide 6 Could not be					I □ Yes 2	□No						
	Direct in by	Certification:	4 ☐ Homicide determined	28e. Place of Injubuilding, etc		, ferm, str	eet, fectory, offi	ce		28f. Location (a City or To	Street and Num wn, Stete)	ber or Rural Roi	ute Number,		
	within 24 hours after destination of the funeral Director. After this completely filled in by the funeral	29a. Certifier (Check only one) 29a. Certifier (Check only one) Check only one)				anner as stated and due to the	cause(s)								
	ithin orthe orthe	Mec	29b. Signature and little of Certifier	and manner etc	5		29c. Lio	ense numb	or.		29d. Dete signi	ed_(Month, Day,	Year)		
	- ≯ ⊬ ŏ		1	TA	1	_	T	001	01/		12 /	him	nL al		
,	W		at Name and address of peradousers		1	-	Deliver)	011	TU	,	١٨٠	vig in	10		
	XIO		12 / 120 Th	15 . V	out (Item 23	a) Type, I	100	21	94 11	705	DE DULL TENTOUIL				



State of Maryland / Department of Health and Mental Hygiene

						Certifica	te of	Death		Reg. No.						
	1.50		1. Decedent's Nama (First, Middle, La.	,					2. Date of De	eath	Vone	3. Tim	e of Death			
	Physici /Medi		IDA F	EP STEIN	,				AUG	- 10 - 10	196.	H	:20 11			
	Exami		4a. Facility Nama (If not institution, giv. LEVINDALE	a street and number)				4b. City, Town, or BALTII		h 4c. County						
	Funeral		5. Social Security Number 6. S	ax 7. Age (In	yrs. last birtl		er 1 Year	If Under 24 Hrs	8. Date of Bl	rth		laca (Sta	nta or Foreign			
	Director		218-07-4164 Usual Residence of Decedent	□M 2XF S	2 Y	rs. Months	Days	Hours Min.	(Month, Di OCT.	17,1903	MA	RYLA				
	yland		10a. State 10b. County	10	c. City, Town	or Location					16		e City Limits			
	Mar Fifther	ctor	MARYLAND BALTIM	ORE			BAL	TIMORE				1 🗆 Y	res 2 No			
	72 hours after deeth with the Maryland natural; or items 23a or 28s-f show dreal Examiner must be recified at	al Director	10a. Street and Number 8340 SCOTTS LEVEL	ROAD		10f. Z	ip Coda	21208		10g. Citizen of 1		/hat Country? USA				
	deet a second	Funeral	11. Marital Status	12. Was Decedant Evan Armed Forces?	In U,S.	13. Was Dec	edent of I	Hispanic Origin? (S	pecify Yes or No		e - Amarica		1,			
21215-0020	72 hours after "natural", or its	by Fu	1 ☐ Nevar Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:		1 ☐ Yes		The Court is 197	to Fican, atc.)	Specify: WHITE						
Ö	2 ho	ted	15. Decadant's Ed	lucation	16a.	Decedent's Us	uel Occu	pation	dela	16b. Kind of B	usiness/inc	dustry				
215	within 7 iene. than "n the Med	Completed	(Specify only highest gra	College (1-4or 5+)	'	life. DO NOT	use ratire	during most of wo	rking							
	filed with Hygiene. Ither than	Com		9			SAL	ESWOMAN		RI	ETAIL	CLO	THING			
pu	be filed tel Hygi d other event, t	Be	17. Father's Name (First, Middle, Last)	†						, Maiden Suman						
∑ Sa	should be ind Mentel marked o	2	MORRIS	BRILL				REI	BECCA		SH	ERMA	N			
, Maryland	0 2 2 2		19a. Informant'a Name/Relationship (MRS. MYRA FINE (D.					t and Number or Re LEVEL ROA								
altimore,	2 7 2 0		20a. Mathod of Disposition 1 Burial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specification 1)	Removal from State	cematery	Disposition (N r, crematory or RBAND			Date -12-1996	20c. Location -			Э			
Balti	permit. Pege Department of Important: If any Injury or once.		21. Signature of Funeral Service Licen	7				ess of Facility evinson &			20,					
_		Ш		/		8900	Reis	terstown	Road Pi	kesville	e, MD	212	08			
Л			23a. Part1. Enter the disease, or com shock, or heart failure. List only	ona cause on each line.	daath. Do n	ot antar the me	oda of dyl	ing, such as cardia	c or respiratory a	irrest,	- 1	Approxi	mata Between and Death			
	/Medical		Immediate Cause (Final disease or condition	Respe	relor	<u>-</u>	tà	Mure				~ 1	mont			
	Examiner		resulting In deeth)	ease or condition ulting In deeth) Due to (or es a cobsequence of)												
	p #s	lue		, Du	rel	Effu	SIO	n			1	~	minel			
	and -tren:	Examiner	Sequentially list conditions,	Due	to (or es e c	onsequence o	j):	- 1								
60,	certificate be asscuted nding physician end use as the burial-trensit		if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury	Corv	neri	va	rle	rych	sease	-		~ 1	yeer			
68760,	ohysi the t	Medical	thet initiated events rasulting in death) Last	Due	to (or as a of	sequence of):	1				(
-	E 2 8			d	1/2						<u> i </u>					
Bo	eath ce attendi	lan														
Ö	the d	Physician/	Part II. Other significant conditions of	ontributing to death but no	t resulting in	the underlying	cause gi	iven in Pert I.	23b. Did	tobacco use co	ntribute to	the cau	se of death?			
4	ed by detac								1 🗆	Yes 2 No	3 Prot	pably 4	4 Unknown			
Records,	signed be de	d by							24a Was	s an autopsy	24b. Wr	ere autor	osy findings			
Ö	requir been s should	Completed								omed?	COI	ailabla pr mpletion	rior to			
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	Pa at								10	Yes 20 No	1	☐ Yes	2□ No			
of Vital	Physician: The this certificate ral director, pag	Be	25. Wes case referred to medical examiner?	Hospital:			01	hor	ath (Check only							
of	this aldi	-T	1 ☐ Yes 2 No 27. Manper of Deeth	1 L/Inpatient	2 ER/Out		JUA	4 LI Nursing F		how injury occur		у)				
	5 5 5	lo	1 Netural 5 ☐ Pending	28a. Date of Injury (Month, Day Ye	28b. Ti	jury M	28c. Inju	ork?]Yes 2∐No	200. Describe	now injury occur	red					
Division	Atten ir deat ector: by the	Certification:	2 Accident Investigation 3 Sulcida 6 Could not be 4 Homicide determined		At home, far				28f. Location City or To	(Street and Numi	ber or Rura	ıl Route f	Vumber,			
	Hospital 24 hours Funeral staly filled	edicai	29a. Certifier 1 Certifying Ph (Check only one)	ysician: To the best of my niner: On the basis of exa	r knowledge, mination end	death occurre for investigation	d at the ti on, in my	ime, date and place opinion, death occe	e, and due to the urred at the time	cause(s) and m dete and place,	anner as st and due to	tated. tha cau	se(s)			
	154	Mec	29b. Signature and title of certifier	end manner stated.		2	9c Lican	se number		29d. Date signe	ed (Month	Day Ver	or)			
	T'E'		200. Signature and little Of Certifier	. 0 /					-							
	(-	1	Megam	Junio	rear		DY	7011		Mu4-	10-1	177)			
	\sim		30. Name and address of person who	complated cause of denth	(Item 23a) (Type, Print)	R-1	4817	CIALD	ROTA	1010	8				
	7/		31 Date filed (Month Carry Vani	MAINT	043	401	vel	ware	and,	Dull	1100	u				
	Sta	ite	31. Date filed (Month, Day, Year)	Lulia Novida	ignature	•				/						

State of Maryland / Department of Health and Mental Hygiene 24351 Certificate of Death 1. Dacadant's Nama (First, Middla, Last) 3. Tima of Death 2. Data of Death Month Day **Physician** Adeline Marie Eusini Aug. 14 1996 2:45 PM /Medical 4a. Facility Name (If not institution, giva straat and number) 4b. City, Town, or Location of Death **Examiner** 4c. County of Death Westhills Parkway Baltimore Baltimore 5. Social Sacurity Number 7. Aga (In yrs. last birthday) If Undar 1 Yaar If Undar 24 Hrs. Birthplaca (Stata or Foreign Country) **Funeral** 8. Data of Birth (Month, Day, Year) 212-09-3107 1 M 280 F Months Days 86 Yrs. Director Oct. 20,1909 Maryland Usual Rasidanca of Decadant death with the Maryland 10a. State 10b. County ehow 10c. City, Town or Location 10d. Insida City Limits ns 23s or 28a-f ehor Md. Baltimore Baltimore Director 1 Yas 2 No 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? Westhills Parkway 731 21229 U.S.A. Funeral r than "natural", or Items 12. Was Decedant Evar in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 11. Marital Status Peges 1 and 2 should be filed within 72 hours after nent of Health end Mental Hygiene. 1 ☐ Yas 2 No 1 Navar Married 2 Married 21215-0020 1 ☐ Yes 2 No Specify: p Specify: ¾☐ Widowad 4 ☐ Divorcad White Be Completed 15. Dacedant's Education (Specify only highast grada complated) 16a, Dacadent's Usual Occupation 16b. Kind of Business/Industry (Giva kind of work done during most of working life. DO NOT usa retired) I Hygiene. Elamantary/Secondary (0-12) Collega (1-4or 5+) 12 Westinghouse Secretary of Health and Mental Hygie I item 27 is marked other tr other traumatic event, to Maryland 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) James G. Torny Alice C. Brady 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Depertment of Health en Important: If Item 27 is any injury or other trau Mary P. Eusini 9 Six Notches Court Catonsville, Maryland 21228 Saltimore, 20b. Place of Disposition (Nama of camatary, cramatory or other passingust 17, 1996 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 □ Cremation 3 □ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Spacify) Woodlawn Cemetery Woodlawn, Maryland 21. Signatura of Funeral Service Licensee 22. Nama and Addrass of Facility Witzke Funeral Home, Inc. 1630 Edmondson Avenue Catonsville, Maryland 23a. Part1. Enter tha disease, or complications that lauss shock, or haart failura. List only one cause on each Do not antar tha mode of dying, such as cardiac or respiratory arrest, Approximata Intarvat Batween Onsat and Death **Physician** /Medical Immediate Causa (Final a. RDS PIANTUNG

Due to (or as a consequence of): PMLUNE disaasa or condition rasulting in daath) 24 mms **Examiner** Examiner BOD Iny SII A

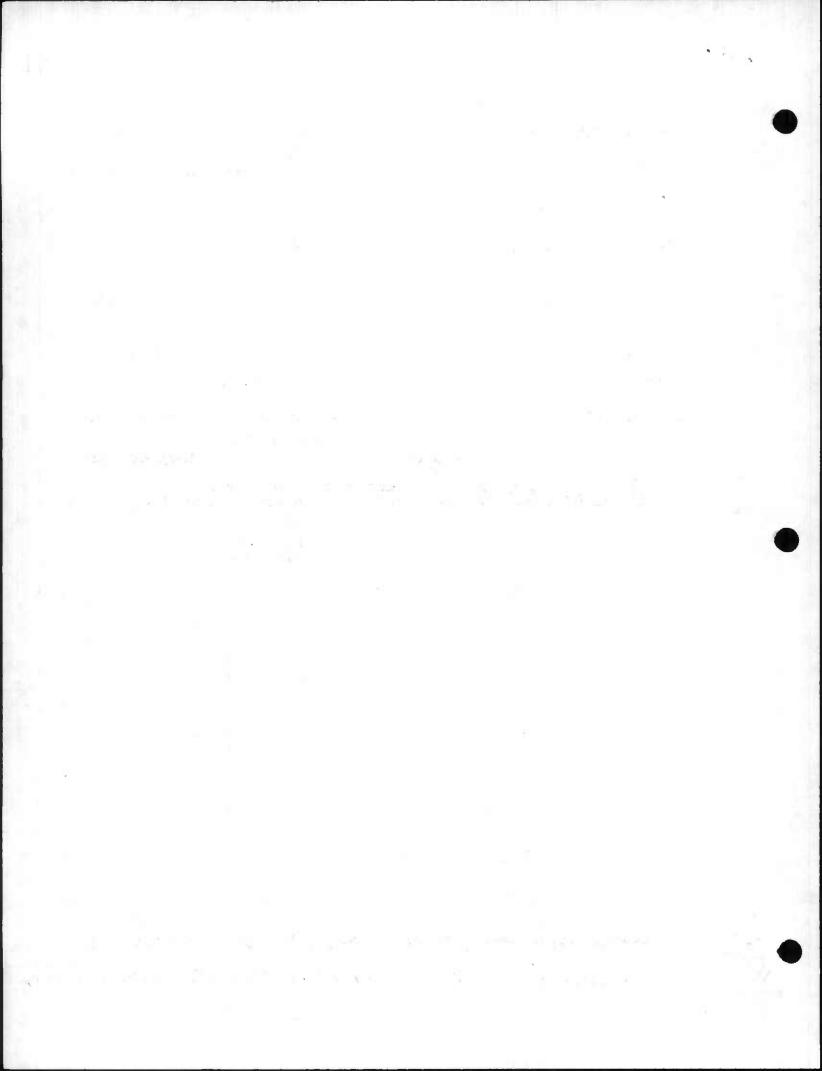
Dua to (or as a consequence of): 10 yns The law requires that the death certificate be executed Sequantially list conditions, if any, laading to immediata causa. Entar Undarlying Causa (Disaasa or Injury that Initiated events rasulting in death) Last pue use es the buriel-trer P.O. Box 68760, Physiclan/Medical Dua to (or as a consequanca of): Part if. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Did tobacco use contribute to the cause of death? id be detach 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown Records, þ 24b. Wera autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? peed certificate has 1 Yas 2 No 20 No Division of Vital Attending Physician: 25. Was casa refarred to medical axaminer? Be 28. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Rasidanca 8 Other (Specify) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 2 1 Yas 2 No this 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28c. Injury at Work? Certification: 28b. Tima of 28d. Dascribe how Injury occurred After 1 Naturai 5 Panding Invastigation death. 1 Yas 2 No 2 Accidant efter death 6 Could not be 3 Suicida in by 28a. Placa of Injury - At homa, farm, street, factory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicida 8 thours e 1 Certifying Physician: To the best of my knowladge, death occurred at the tima, data and place, and dua to the cause(s) and mannar as stated.

2 Madical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and mannar stated. edical 29a, Certifian Tothe 29b. Signature and the of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) uen, n. n 30. Nama and address of person who complated cause of death (Itam 23a) (Type, Print)

State Registrar

JOHN SHAVERS 31. Data filed (Month, Day, Year) AUG 16 1996

518 CAMP MBMM RD, LINIMHCUM, M 50 32. Registrar's Signatura un Davidson-Randalle



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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I THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or after) THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	FIP.	
_	-		

	1 - FOR STATE REGISTRAR	STATE OF MARY				HEALTH AND		HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Allen	Lane	F	lowers,	Sr.	2. DATE OF MONTH	DEATH DAY		AR .	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 234 → 78 → 8551	1 M 2 - F	46	YRS.	MONTHS DAY	S HOURS MIN.	7. DATE OF (Month, D) Dec.	BIRTH T, 19	49 W	est	NCE (State or Foreign Virginia
СТОВ	90. FACILITY NAME (If not institution, give 7224 Bayfront R RESIDENCE OF DECEDENT					gemere	DEATH		9c. COUNTY C	time	
DIREC	100. STATE 106. COUNT		e	10c. CIT	Y, TOWN OR LO	CATION	Edgeme	re.			d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 7224 Bayfront R	oad				101, ZIP CODE	21219		109. CITIZEN		States
BY	11. MARITAL STATUS 1 Never Married 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 14 V VE IF YES, GIVE WAR OR VLETNAM	IN U.S. ARMI S 2 NO DATES	EO	If yee	DECENDENT OF HISPA appecify Cuban, Mexic (ES 2 X NO Spec	en, Puerto Rice		or No— t4. F	RACE — Black, W	American indien, thite, etc. White
LETED	15. DECEDENT'S EOI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	(Give	kind of a	se retired.)	most of working	16b. KI		INESS/INDUSTI	RY	
E COMPL	9 years 17. FATHER'S NAME (First, Middle, Last) Wilbert Flowers		Pape	ence	ter-Sh	16. MOTHER'S N	AME (First, Middle)				
TO BE	190. INFORMANT'S NAME (Typo/Print) Martha A. Flowers	s (Wife)				net and Number or Rura	l Route Number,	City or Town			1219
	20a. METHOD OF DISPOSITION 1	noval from State	Ob. PLACE AN	DO DATE	of disposition	ery			iddle 1		
		Liens			Dud	e and address of F a-Ruck Fu 2 Wise Av	neral	Home ndalk	of Dun Mary	dall	i, Inc.
	23. PART I. Enfor the disceles, or abook, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only one cause on	each line.	ng	Cana	moda of dying, su	ch ss cardiae	c or reapir	mitory smest,		Approximate Interval Betwee Onset and Det Birds.
CERTIFICATION	Sequentially list conditiona, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS DUE TO (OR AS DUE TO (DR AS	A CONSEQU	JENCE O	F):					-	ьчг
MEDICAL C	PART II. Other aignificant condition Hypertensive H						1,00	PERFOR	MED?	CC OF	ERE AUTOPSY FINDING MALABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
CIAN:	DID TOBACCO USE CON' 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	TRIBUTE TO CAUSE			TH (Check only o	UNCERTA	IN 🗆				
Y PHYSI	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	1 Inpetient 2 ER/O 26a. DATE OF INJUR (Month, Day, Year	γ	26b. TIN	4 Hursing	INJURY AT WORK? YES 2 NO	1		JURY OCCURE	ED	
ETED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJU building, etc. (S	RY — At hom	e, farm,	street, fectory,	office		ON (Street a Town, State)	nd Number or R	ural Rout	e Number,
COMPLE	enel	SICIAN: To the beat of my kn IER: On the basis of exemins								use(a) ar	nd menner ee stated
TO BE	296 SIGNATURE AND TITLE OF CERTIFIE SO NAME AND ADDRESS OF PERSON W	PHO COMPLETED CAUSE OF	DEATH ATEN	27) /5	- Delati	D39V	_		P A	GNED (M	Honth, Day, Year) 4, 1996
	Robert Dar	32. REGISTRAR'S SI	rle N	by t	n Poi	nt Rd	Battin	wre	mo	2	P151
,	AUG 1 6 1996	Julia Davidso	n-Rand	486							

DHMH-16 Rev 1/89

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 24353

					Certi	ficate of	Death		Reg. No.		- 1000
Dhysielan	1. Decedent's Nama (First, I							2. Data of Das Month		Yaar	3. Tima of Death
Physician /Medical	MARY E							Augus		996	10:31A.M.
Examiner	4a. Facility Nama (If not Insti HARBOR H						4b. City, Town, or L BALTIM	ocation of Death			CITY
uneral irector	5. Social Sacurity Number 220-38-2596 Usual Rasidance of Deceda		7./ IM 240F	Aga (In yrs. last bi		f Under 1 Year flonths Days		8. Data of Birt (Month, Day 12-5-19	7, Year) 938 S	9. Birthpla Counti SOUTH	aca (Stata or Foreign ry) CAROLINA
MO W	10a. Stata 10b. Co			10c. City, Tov						10	d. insida City Limits
Toto	MARYLAND BA	LTIMOF	RE	BAL	TIMOF	RE,CITY					1 ☐ Yas 2 💢 No
Director	10e. Street and Number					10f. Zip Coda			10g. Citizen of V	Vhet Count	ry?
ra is	114 ELIZEBET	H AVE					1225			J.S.A.	
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nt, the Medical Exemi	15. Dec (Specify only h	edant's Edu	cation	168	. Decedan	t's Usual Occu	pation	kino	16b. Kind of Bu	usinass/Indu	ustry
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To Be Co	17. Fathar's Nama (First, Mic RUSTON F						18. Mothar's Nem			ia)	
To	19e. Informant's Name/Reia		no Print)	10	h Mailina i	Addraga /Stead	at and Number or Ru	E H. FRA		Ctate 7in /	Codel
5	REV.MILTON L						N ROAD BA				
8	20a. Mathod of Disposition			20b. Piace	of Dispositi	on (Nama of		Data	20c. Location -		
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	21. Signature of Fureral Ser		10	THE						AN, MA	IKILAND
g	1/1/2000	111	Silo				THERS FUN				
	23a Pari 1. Entar tha diseas shock, or haart failura.	e. or compli	cations that ous	ed tha death. Do			W PLACE B				L217 Approximata
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	Sequentially list conditions, if any, laading to immadiata cause. Entar Underlying Ceuse (Diseasa or injury	J			,						
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clan											
y Physician	Part ii. Other significant cor	ditions con	tributing to death	but not rasulting	in tha unda	rlying causa g	Ivan in Part I.	23b. Did t	obacco use co	ntribute to	the cause of death?
	Schizon	Land	011	11/2 /	Mal	1 Fibe	1	101	/es 2□ No	3 Prob	ably 4 Unknown
leted b	Schizop. Yeisus	Gne	e)	Seizur	e Di	sor de	Z .	24a. Was	an autopsy med?	aval	re autopsy findings liabia prior to npietion of causa
Comp								101	as 2 No		leath?
	25. Was casa rafarred to me	dical					00 Disease (Dasse)			10	Yas 2□ No
o Be	axaminar?		ospitai:	itiant 2 ER/O	lutnetlent	3□ DOA O	26. Pieca of Dea	th <i>(Check</i> on <i>ly</i> o		or /Consit	1
 	27. Menner of Death		28a. Date of in (Month, L		Tima of	28c. tnju	4 LI Holskig II	28d. Describe h			
atio	1 DrNaturai 5 □ Pa 2 □ Accident in	inding astigation	(Month, L	oay rear)	injury		ork?]Yas 2□No				
Certification:	3 ☐ Suicida 6 ☐ Co	ouid not be tarmined	28e. Place of i building,	injury - At homa, fatc. (Specify)	arm, straat	, factory, office		28f. Location (5 City or Tox	Street and Numb n, Stata)	er or Rural	Routa Number,
edical (29a. Certifier 1 Cert (Check only one) 2 Med	ifying Phys icai Examin	Ician: To tha bes er: On tha basis and manner:	of axaminetion ar	e, deeth oc nd/or invast	curred at tha t tigation, in my	ima, date and place opinion, daath occur	, and due to the or rred at tha tima, o	ceuse(s) and ma data and place, a	annar as sta	ited. the ceuse(s)
W	29b. Signatura and titia of ce	_					sa number		29d. Data signed		
	2	28	M.D.			A52	1441614	-44	August	7,19	396
	30. Nama and addrass of per			death (itam 23a)	(Type, Prir					•	
	FER ERE						TREET B.	ALTIMO.	RE, M	0. 2	1225
State	31. Data filed (Month, Day, Y	'ear)	32. Regis	strar's Signatura							

DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene

24354

Physician	
/Medical	
Examiner	

Director 28a-f show traumatic event, the Medical Examiner must be notified at ò items 23a

permit. Peges 1 and 2 should be filed within 72 hours effer.
Department of Health and Mental Hygiene.
Important: if Item 27 Is marked other than "natural", or item any Injury or other traumatic event, the Medical Examinations. Baltimore, Maryland 21215-0020

Physician /Medical **Examiner**

Box 68760

P.O.

Records,

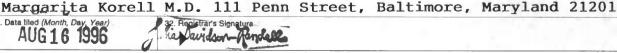
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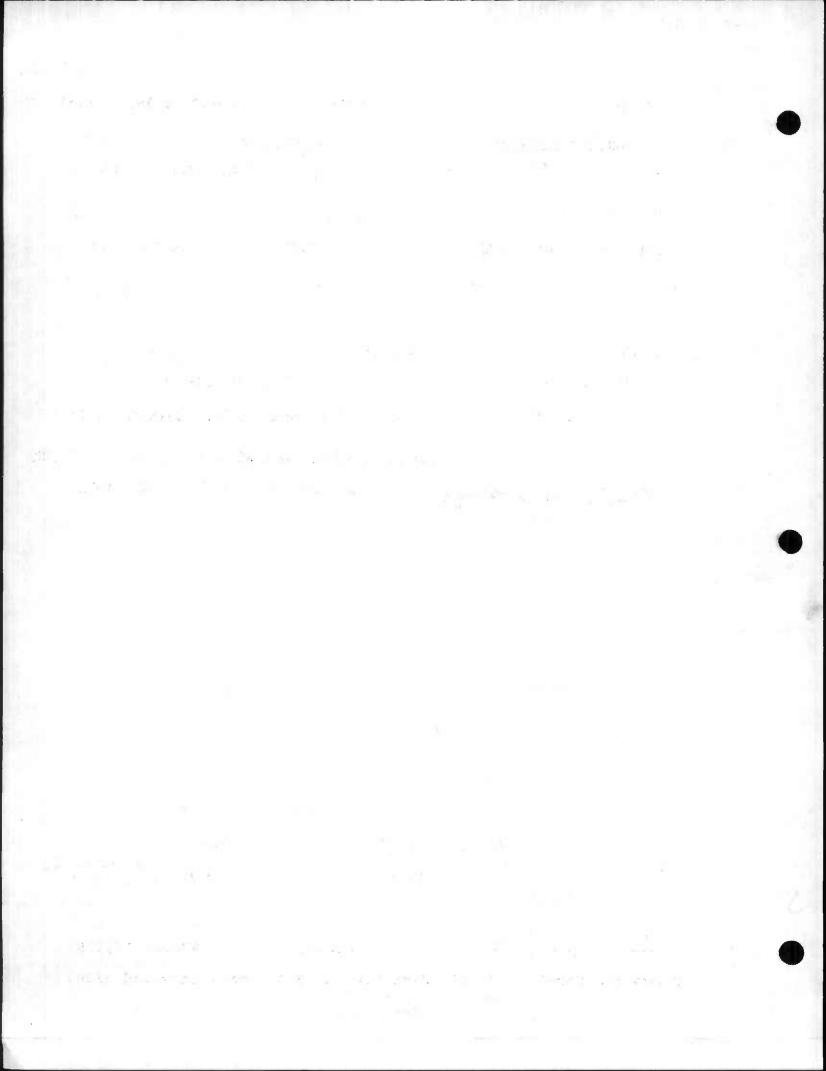
Examiner iclan and burial-transit The law requires that the death certificate be exacuted physician s the burial Physician/Medical been signed by the e should be deteched to þ Completed page 2 Hospital or Attending Physician: 24 hours effer death.
24 hours effer death.
Funeral Director: Affer this certifica stely filled in by the funeral director, g Be To Certification: 24 hours e Medical

Certificate of Death 1. Decadant's Nama (First, Middle, Last) 2. Data of Death 12 1998 AUGUST 11:16 PM GREGORY ANTWAN 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Daeth 4c. County of Death 5. Social Security Number 6. Sax 7 BALTIMORE it Under 24 Hrs. 8. n/a 7. Aga (In yrs. last birthday) 22 yrs. If Under 1 Year 8. Data of Birth (Month, Day, Year) JUN . I , 1974 9. Birthplaca (Stata or Foreign **Funeral** Days Hours Months XXM 20F MARYLAND 254-27-1893 Yrs. Usuai Residenca ot Dacadant 10e State 10b. County 10c. City, Town or Location 10d. Insida City Limits MD BALTIMORE n/a 1 Nos 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21239 4531 MARBLE HALL ROAD UNITED STATES Funeral 12. Was Decedant Evar in U,S. Armad Forcas? 1 ☐ Yes 2 ☐ No If Yas, Giva Yaar or Datas: 11. Maritai Status Was Dacedent of Hispanic Origin? (Specify Yes or No-it Yas, specify Cuban, Maxican, Puerto Rican, atc.) Race - Americen indian, Black, White, etc. XIX Never Marriad 2 Marriad Specify: BLACK 1 ☐ Yes XIX No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 11 th LABORER unemployed 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maldan Surnama) Be MICHAEL SMITH PATRICIA GREGORY 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Numbar or Rural Route Number, City or Town, Stata, Zip Code) 4531 MARBLE HALL ROAD., BALTIMORE, MD 21239 PATRICIA GREGORY 20b. Placa of Disposition (Nama of cematary, crametory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State Data 1 DBurial 2 Cramation 3 Ramovai from Stata VOSHELL MEMORIAL GARDENS 8-17 at DUNDALK, MARYLAND 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funaral Servica Licansas 22. Nama end Addrass of Facility WM. C. MARCH FH.-1101 E. NORTH 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Between Onsat end Death Immediata Causa (Final GUNSHOT WOUND OF CHEST disaasa or condition rasulting in death) Dua to (or as a consequanca ot): Saquantially list conditions, if any, laading to immadiata causa. Enter Underlying Causa (Disaase or injury that initiated events rasulting in daath) Last Dua to (or as a consequence of) Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco usa contribute to the cause of deeth? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Wera autopsy tindings available prior to completion of cause of death? 24a. Was an autopsy performed? XXYes 2 No YOYes 2□ No 25. Was case ratarred to medical 26. Placa of Death (Check only ona) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yas 2 No Other: $_{4}\square$ Nursing Homa $_{5}\square$ Rasidenca $_{6}$ ZOthar (Specify) STREET27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima ot 28d. Describe how injury occurred 28c. Injury et Work? 5 Panding invastigation Injury 1 Natural Shot 11:10 PM 1 Yas 20X No 96 2 Accident 6 Could not be datarmined 3 Suicide 281. Location (Streat and Number or Rural Route Number, City or Town, Stete) BALThom / md 28e. Piece of Injury - At homa, farm, streat, factory, office building, etc. (Specify) 4 Homicida Street 5600 BLK. The ALAMEDA 29a. Cartifier 1 Certifying Physician: To tha best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 25 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stetad. 29b. Sin atura and titla of certifia 29c. Licensa number 29d. Data signed (Month, Dey, Year) O.C.M.E. AUGUST 13,1996 30. Nama and address of person who complated cause of death (Item 23a) (Type, Print)

State Registrar

31. Data tiled (Month, Day, Year) AUG 16 1996

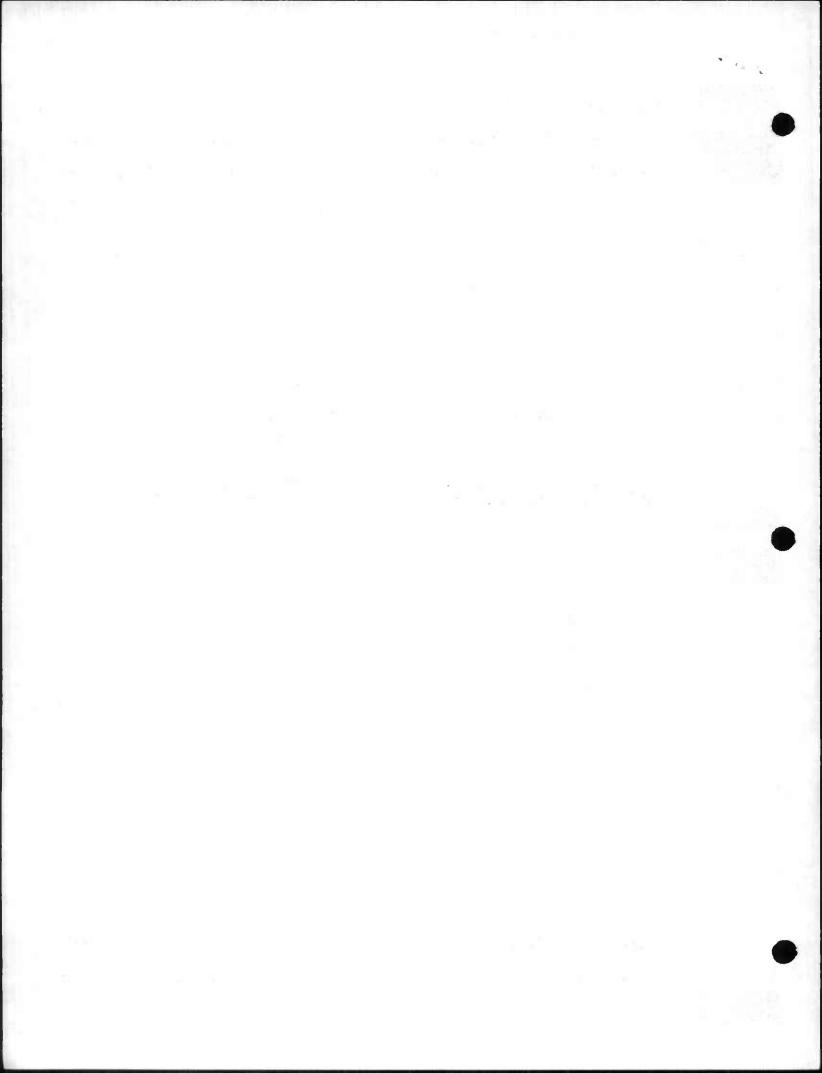




State of Maryland / Department of Health and Mental Hygiene

24355

	4							Ce	rtificat	te of	Death			Reg. No.			
	Physic /Medi		1. Decedent's Na	ma (First, Middle HDNY	Josej	oh	41	JERC	10				2. Date of De Month AUGUS	Day	Yaar 199	3. Time of Death	
	Exami			SAMARI	ober) OSPITAL								ty of Deat	MORE			
	Funeral Director		5. Social Security 212–03-	-3918	6. Sex 1 2 M 2		7. Age (In yrs.	last birthday) 19 Yrs.		Deys	If Undar Hours	24 Hrs. Min.	6. Data of Bi (Month, Di Feb. 2	orth ay, Year) 0, 1917	9. Bird Co CO	nplaca (Stata or Foreign untry) LOTAdo	
Maryland 21215-0020	Maryland -f show fled at	tor	Usuel Rasidance 10a. Stata Md.	10b. County	'A		10c. City	y, Town or Lo	ocation Balti	more	·					10d. insida City Limits 1 ☐ Yes 2 ☐ No	
	h with the	al Director	10e. Street and N 1127	umber Hollen	Road			10f. Zlp Code 21239				10g. Citizen of Wha					
	urs efter deat el', or items : Evamone im	by Funeral		rried 2 Marri	ed 15	med For	No W W	If Yas, specify Cuban, Maxican, Puarto				pecify Yes or No- o Rican, atc.) 14. Race- Black, Specify:		ack, White	rican Indian, a, atc. Nite		
	d 2 should be filed within 72 hours efter death with the Maryland th and Mental Hygiene. 7 is marked other than "natural", or items 23s or 28s-f show treumstic event, the Medical Evalue or must be multiple as	Completed	(Specification) (Specification	T	Education trada complated) Collaga (1-4or 5+)			Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) Sales			ing	16b. Kind of	/Industry				
yland	and Mental Hygiene. In marked other there Summits event, the Mental County of the Mental Co	To Be (17. Fether's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama)								ama)						
	s 1 and 2 sho if Health and them 27 ie mi other treum		19a Informant's I Mary Gu	lerc10	nip (Type, Pri (Siste			1127	Hol	len	Road	Balt	imore,	Maryla	nd 21	239	
Baltimore,	Page nent c ant: If ury or		4 Donation	2 ☐ Cramation 5 ☐ Other (Sp	pecify)	al from S	tata New	lece of Dispo emetary, cra Cathe	edral	Cem	etery		996	20c. Location Baltim		Maryland	
Ball	permit. Pag Department Important: It eny Injury o		21. Signature of F	Ca-	6)	1	_	Vitzk 1630	e Fu Edmo	ndson	Hom	e, Inc.	tonsvil	le,Ma	aryland Approximata	
	Physician /Medical Examiner		23a. Part1. Entar shock, or ha Immediata Ceusa disaasa or condit rasulting in deeth	ı (Final	only one caus	se on ea	SHO		a ma mo	oa or oyı	ig, auc. 1 65	Carolac	n respiratory a	illast,		Interval Batween Onset end Deeth	
L	nsit	niner	Examiner			b		RESPIR		4	FA	ILUR	E				IDAY
ox 68760,	certificate be executed ding physician and use as the burial-transit	n/Medical Exa											IDAY				
P.O. Bo		Physician/	Part II, Other sign	ificant conditio	na contributir	contributing to death but not resulting in the underlying cause given in Part I.						tobacco uae c		to the cause of death			
of Vital Records,	been shou	Completed by											24a. Was perf	i an autopsy ormed?	8	Nara autopsy findings available prior to completion of cause of death?	
tal Re	The ate h		25. Was case refe	ered to medical							00 80			Yes 28No	1	Yes 25€No	
5	yalcien: s certific director,	Be C	examiner?	ALCOHOLD WINESEN	Hospita	d			-5-	_ Oth	or:	and the second	(Check only				
ion of	fing Ph. After thi funeral	ation: To	27. Mannar of Dea 1 ⊠ Natural 2 □ Accident	I No ath 5 ☐ Pending Invastig	9	. Data of		28b. Time o Injury	-	28c. Injui Woi	4∐ NU			idance 6 □C how injury occ	6 □Other (Specify) ry occurred		
Division	al or Attendi s after death. If Director: A ed in by the f	Certification:	Suicida 6 Could not be datarmined 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify)								28f. Location (City or To	tion (Street and Number or Rural Routa Number, or Town, Stata)					
	the Hospital or At hin 24 hours after of the Funeral Direct impletely filled in by	edical	29a. Certifier (Check only one)	1⊠ Certifying 2 Medical E	xaminar: Or	To the bas of menns	is of examinat	vledga, daati lon and/or in	occurred vestigetion	at tha tir n, in my o	ma, data an opinion, daa	d place, a	and dua to tha ed at the tima,	cause(s) and r date end place	nannar as o, and dua	stated. to the cause(s)	
	O NO	Σ	29b. Signatura an	d titla of certifiar					29	c. Licans	e number			29d. Dete sign	ed (Monti	i, Day, Year)	
	(a)	30. Nama and add	onias of person y	M ·		of death (Item	23a) /Tune	Print\	RE	2 0	00		AUGUS	7 14	, 1996	
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State of Maryland / Department of Health and Mental Hygiene 96

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(If not institution, g		PET.							Year	
				VERONICA GUGEL						
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-4637 of Decedant	1□M 2ሺF	77	Yrs.	Months Day	ys Hours	Min.	JULY 31	, 1919	MA	RYLAND
10b. County		10c. City, To	wn or Loca	ation					1	0d. Inside City Limit
	GOMERY	R	OCKVI	LLE 10f. Zlp Code			1			1 □ Yes 2 🖾 N
lumber	1							10g. Citizen of		itry?
JILRICK S					853			U.S		
	12. Wes Decede Armed Force	\$?	13. W	as Decedeni o Yes, specify C	if Hispanic Or uban, Mexica	tgin? (Sp n, Puerto	ecify Yas or No Rican, etc.)		se - Americ ck, White,	en Indien, etc.
arried 2 Merried 4 Divorced	1 ☐ Yes 2 If Yes, Give Yeer or Data		1[□Yas 2Xin	lo Specify.	:		Specif	v: WH	HITE
15. Decedent's E ecify only highest g	rede completed)		(Give ki	nt's Usuei Oco Ind of work do O NOT use ret	ne during mos	st of work	ing	16b. Kind of B	usiness/Ind	dustry
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Neme/Reletionship		19						er, City or Town		
H. GUGEL	/ SON	COL DI-		B FIELD	STONE	ROAD		ALLSTOWN	•	
	Removel from Ste	te camet	tery, crame	otory or other ;			JG. 15, 1996	20c. Location		wn, Stete MARYLAND
Funarai Service Lice	ensee	TORE	22.	Name end Ade	dress of Facili	ity		DILLIVIV	юор,	HARLDAND
Thom	1. Din	nusia		OUDON E 620 WII				CIMORE,	MARY1	LAND 2122
23e. Pert1. Enter the disease, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line.										Approximete Intervei Between
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conditions, Immediate derlying or Injury	4	Lia.	F	brille	ation	2			į	10 ver
or injury nts n) Lest	c	Dua to (or as e	e conseque	enca of):						
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nificant conditions	contributing to death	but not resulting	in the und	derlying cause	given in Pert	1.	23b. Dld	tobacco use co	ntribute to	the cause of deat
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eth 5 Pending		Dey Year) 28b.	. Time of Injury	28c. Ir			ZOO. Describe	how Injury occur	160	
investigetion	he				☐ Yes 2☐		00(1	On the second		10.14.11
determine	d 289. Placa of	Injury - At home, etc. (Specify)	farm, stree	et, fectory, offic	a				oer or Rura	al Route Number,
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1 ☐ Certifying P 2 ☐ Medicat Exa	minar: On the basis	of examination e	ge, deeth o end/or Inve	stigetion, in m	time, dete er y opinion, dee	nd piece, eth occurr	end due to the red et the time,	ceuse(s) end modete end place,	enner es si and due to	the ceuse(s)
nd title of cartifier	0110 111011101			29c. Lice	nse number		T	29d. Data signe	d (Month.	Day, Yaar)
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ann				\cup \cup	707	5 4		wys	1 1	1176
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		strar's Signetum		- 1			/	7 -		
1	1 P Certifying P 2 Medicat Exa	The Certifying Physician: To the best on the decision of the desision of the decision of the d	1 Certifying Physician: To the best of my knowled 2 Medicat Examinar: On the basis of examination of end menner stetad. and title of cartifier Broduct ddress of person who completed cause of deeth (Item 23e)	1 Certifying Physician: To the best of my knowledge, deeth of 2 Medical Examinar: On the basis of examination end/or invested and title of cartifier Broduct ddress of person who completed cause of deeth (Item 23e) (Type, Prince Phillip	1 Certifying Physician: To the best of my knowledge, deeth occurred et the 2 Medical Examinar: On the basis of examinetion end/or Investigation, in mend title of cartifier Bodukt Brodukt D ddress of person who completed cause of deeth (Item 23e) (Type, Print)	1. Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete er 2. Medicat Examinar: On the basis of examinetion end/or investigation, in my opinion, decend menner stetad. and title of cartifier Broduid D 459 ddress of person who completed cause of deeth (Item 23e) (Type, Print) Prince Phillip Dr 7/2	1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, 2 Medicat Examinar: On the basis of examination end/or Investigation, in my opinion, deeth occurred and title of cartifier Broduck 29c. License number D 45 95 Goddress of person who completed cause of deeth (Item 23e) (Type, Print) Prince Phillip Dr 7/2 Of	1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the 2 Medicat Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, and title of cartifier Broduck 29c. License number D 45 95 6 ddress of person who completed cause of deeth (Item 23e) (Type, Print) Prince Philip Dr 712 Olncy 1	1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and must be described by the control of the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and piece, and title of cartifier 29c. License number 29d. Data signer	1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and manner as st 2 Medicat Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piace, and due to and manner stated. 29c. License number 29d. Data signed (Month, D45956 August 9 29d. D

State Registrar

DHMH 16 Rev 6/95

State of Maryland /	Department of	Health and	Mental	Hygiei
	Certificate o	f Death		Reg

			State of I	iviai yiai iu i		rtificate		Death		leg. No.	10	2435		
	Dhusia		1. Decedent's Name (First, Middle, Last)							th	Vone	3. Time of Death		
ı	Physic /Medi		NICOLE		G	ARRET	T		AUGUST	8 7 1	996	7:30 PI		
þ	Exami		4a. Facility Name (If not institution, give street and number	er)					ocation of Death		4c. County of Death			
	Funerai Director		SINAI HOSPITAL 5. Social Security Number 212-96-7075 Usual Residence of Decedent	Age (In yrs. lest	birthday) Yrs.	If Under 1 Months	Year		8. Date of Birth (Month, Day 4-16-1	Year)	MORE 9. Birthol MARY	CITY lace (State or Fore try) AND		
	Maryland -f show	tor	10a. State 10b. County MARYLAND BALTIMORE, CITY	10c. City, T		cation LTIMOR	F				10	0d. Inside City Limi		
	h with the 23a or 28a at be noti	Funeral Director	10e. Street and Number 607 EAST 36th STREET	1	10f. Zip Code 21218				1	itry?				
020	s 1 and 2 should be filed within 72 hours efter death with the Maryland f Health and Mental Hygiene. If the first is marked other than "natural", or flems 23s or 28s-f show other traumstic event, the Medical Examiner must be notified at	by	11. Marital Status 11. Marital Status 12. Was Decede Armed Force 1	s 2 D No Give X 1 □ Yes 2 D				Hispanic Origin? (Spean, Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)	U.S.A. 14. Race - American Indian Black, White, etc. Specify: BLACK				
Maryland 21215-0020	filed within 72 ho Hygiene. other than "natur	Completed	15. Decadent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4c)		(Give	dent's Usual kind of work DO NOT use HOMEM	done	during most of work ad)	ing	dustry				
land	uld be file Aental Hy rked othe tic event	To Be C	17. Fether's Neme (First, Middle, Last) KEVAN W. GARRETT	18. Mother's Name	FOOTE	Maiden Surnar	ne)							
	1 and 2 should Heaith and Men em 27 is merke other traumatic		19e. Informant's Name/Relationship (Type, Print) AMANDA GARRETT (MOTHER) 19b. Meiling Address (Street and Number or Rural Route Number of Rural Route Nu								DRE, MARYLAND 21218			
Baltimore,	Page nent o nt: If		20e. Method of Disposition 1 X Burial 2 □ Cremation 3 □ Removal from Sta 4 □ Donation 5 □ Other (Specify)	ceme	D. Place of Disposition (Name of cemetery, crematory or other place) MOUNT ZION CEMETERY 8/14/96						20c. Location - City or Town, State LANSDOWN, MARYLAND			
Balt	pemit. Departmimporta any inju		21. Signature of Educati Service Licansee 23a. Part1 Enter the disease, or complications that caus shock. A beautiful alure. List only one cause on each	tes	Fe	CTED R	DOT	ess of Facility THERS FUNE V PLACE BA	RAL HOM	E PA. .MARYLA	ND_21	217		
	Physician /Medicai		23a. Part I En the a sease, or complications that caus shock. Limit in ure. List only one cause on each Immediate Cause (Final disease or condition	sed the death. D	o not ent	er the mode	of dyi	ng, such as cardiac (or respiratory arr	ést,		Approximate Interval Between Onset end Death		
	Examiner	ner	resulting in death) a.	Due to (or es	e consec	quenca of):								
Ď	ifficate be executed g physician end as the bunal-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	b. — Due to (or es a consequenca of):										
(68760,		Medicai	resulting in death) Last	consequence of):										
Box.	the death cer y the ettendir sched for use	Physician/N	d. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the											
F.O.	s that the ned by the e detach	by Phy					1 □ Y	2 ∐No	3 Prob	eably 4 Unkno				
Ital Hecords,	: The lew requires that the de cate has been signed by the e page 2 should be detached	Completed b					•				ava con of d	ere autopsy findings allable prior to appletion of cause death?		
[a	cian: The	Be Co	25. Wes case referred to medical examiner?					26. Place of Death				Yes 2□ No		

Medical Certification: To

If the Hospital or Attending Physicial within 24 hours effor deeth.

To the Funeral Director: After this certif completely filled in by the funeral director.

Division of Vit

1 Dyatural 2 Accident 3 Sulcide 4 - Homicide

17 Yes 2□ No

27. Manner of Deeth 5 Pending Investigation

6 Could not be determined

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 396

28b. Time of Injury 2229PM 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

STREET

28c. Injury at Work? 1 Yes 2 No

Other: 4 ☐ Nursing Home 5 ☐ Residenca 6 ☐ Other (Specify) 28d. Describe how injury occurred

PEDESTRIAN STRUCK BY CAR

281. Location (Street and Number or Rural Route Number, City or Town, State) 4500 BUK PIMLI ORD ISDUMUNEW)

29a. Certifier (Check only one)

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and title of certified

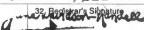
29c. License number O.C.M.E.

29d. Date signed (Month, Day, Year) AUGUST 08,1996

ho completed cause of deeth (Item 23a) (Type, Print)

30. Name and address of person A. WINGE WI11 Penn Street, Baltimore, Maryland 21201

31. Date filed (Month, 1996) State Registrar



and the same of th

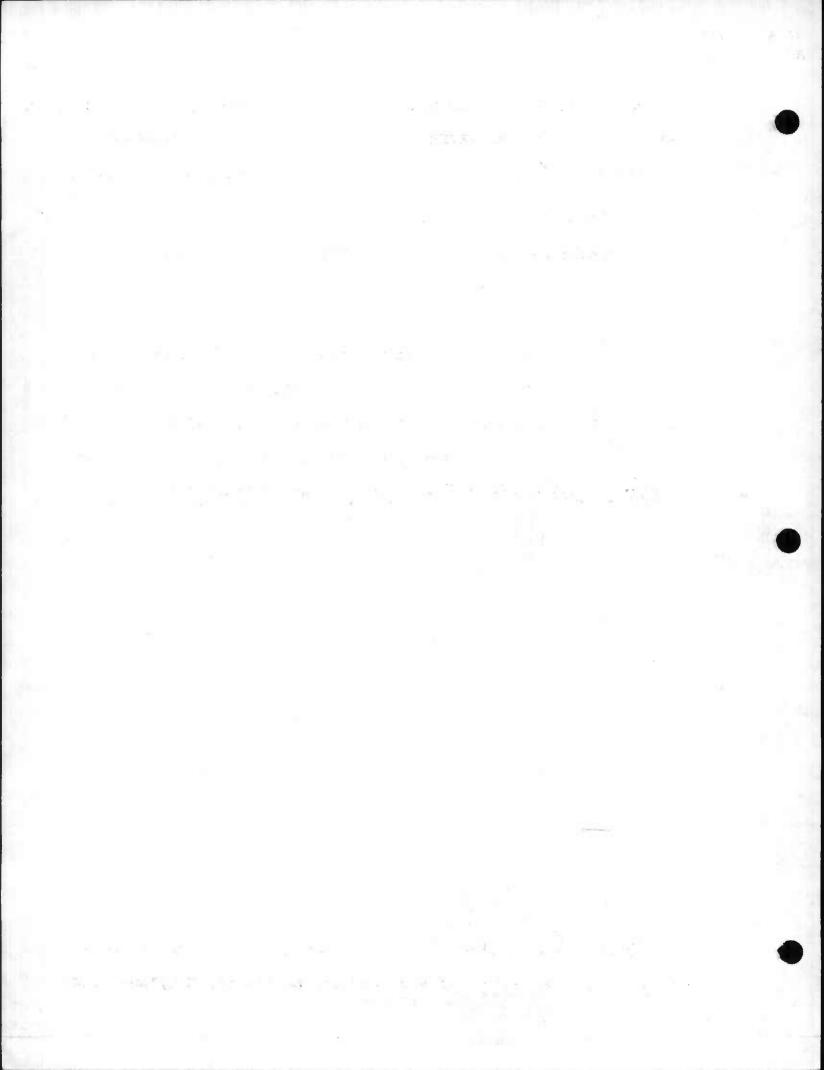
1500 N T

State Registrar 30. Neme and address of person who complated causa of death (Itam 23a) (Type, Print)

31. Data filed (Month, Day, Year)
AUG 16 1996

32. Beginner Signature

Myl11 Penn Street, Baltimore, Maryland 21201



State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Deeth **Physician** Month 5:35 AM HENSON 80 ALICE E /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Baltimore Johns Hopkins Bayview Medical Contar If Under 1 Year If Under 24 Hrs. 8. Date of Birth 5. Social Security Number Sex 7. Age (In yrs. lest birthday) 9. Birthplace (State or Foreign Country) **Funeral** Days 043-34-848 Usuel Residence of Decedent 1□ M 219 F Yrs. onnecticuit Director with the Maryland 10a Stete 10h Count City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or itams 23a or 28a-f ahov traumatic event, tra Modical Examiner must be incitifed at 1Pres 2 No Director AWARE 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 404 death Funeral 11. Marital Status Wes Decedent Everth U.S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Bieck, White, etc. filed within 72 hours after Yes 212 f Yes, Give Yeer or Detes: 1 Never Memled 2 Married 20 No Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) al Hygiene. 10 Eiementary/Secondery (0-12) College (1-4or 5+) WORKER 17. Father's Neme (First, Middle, Last) mit. Peges 1 and 2 should be file spartment of Health and Mental Hyportant: If item 27 is marked other y injury or other traumatic evant 18. Mother's Neme (First, Middle, Meiden Surneme) 8 STA 2 ARREN 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, & Code) 19e. Informent's Name/Reletionship (Type, Print) Comm. 20b. Piece of Disposition (Name of cametery, crematory or other ple 20a. Method of Disposition Date 20c. Location - City of Town, Stete 1 Buriel 2 Cremetlon 3 Removal from 9 4 Donetion 5 Other (Specify) Department o important: If any injury or 8 6 Hamden 21. Signature of Funerel Service Cool 2. Name and Address of Facility

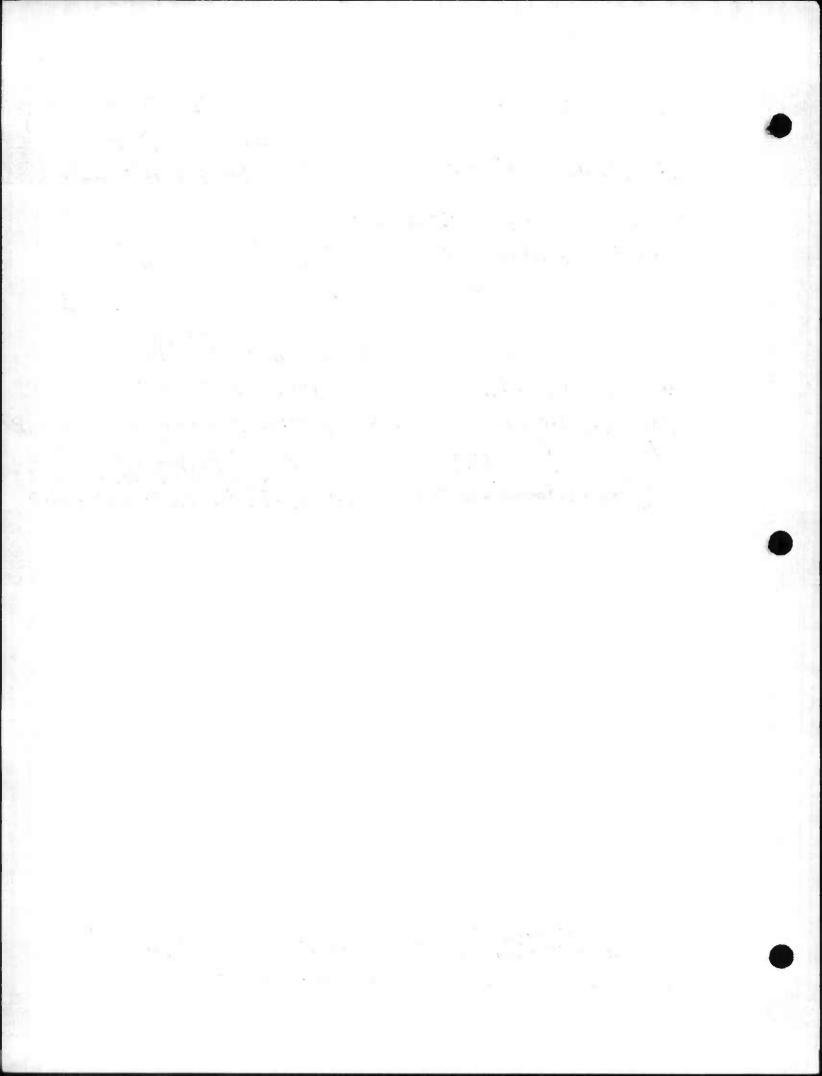
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Let the mode of dying, such as cardiac or respiratory KUNERA! 0 23e. Part1. Enter the diseese, or complications that caused the deeth. Do not enter the shock, or heart feilure. List only one cause on each Approximate interval Between Onset and Death **Physician** /Medical Immediete Ceuse (Final disease or condition resulting in death) Examiner physician and the burial-transit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): the deeth certificate be exec Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of): USB BS for use as signed by the e Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 | Yes 2 | No þ 24b. Were autopsy findings aveilable prior to completion of cause of death? 24e. Wes en autopsy performed? Completed vascular tiple decubition 1 Yes 2 No certificate i or Attanding Physician: after death. Director: After this certifica 25. Wes case referred to medical examiner? Be 28. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 □ ER/Outpatient 3 □ DOA funeral 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 Neturel 5 Pending investigation 1 Tes 2 🗆 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) in by 4 - Homicide Hospital 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and pleca, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete and piece, and due to the cause(s) and menner stated. edical 29e. Certifier To the 29b. Signature and litle of cartifipe 29c. License number 29d. Date signed (Month, Day, Year) 8/15/96 F0007 30. Neme and eddress of person who completed cause of deeth (Item 23a) (Type, Print) DANIEL HALEVY, 4940 EASTERN AVE, BALTIMORE MD 21224 M.D. 31. Dete tiled Month, Day, Year 996 32 Registrar's Signeture Randelle State Registrar



Please Type or Print in Black Indelible Ink. Assure Ail Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 24360

	8					Certific	cate of	Death		Reg. No.		. 1000					
	TA TO		1. Decedent's Neme (First, Middle, L	ast)		-			2. Deta of D Month	eeth	Maria	3. Time of Death					
	Physici /Medio	an	4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Loc							Dey 14	Year	7:50 Pm					
	Examir									th 4c. 0	County of Death						
			Crofton Convalescent Center Crofton								Anne Aru	ındel					
	Funeral Director		498-20-8930	Sex 7. Age (i	In yrs. lest bi		Inder 1 Yeer onths Deys			irth le <i>y, Year)</i> 29,19	9. Birth Cou 111	piece (State or Foreign intry) Linois					
	pue		Usual Residence of Decedent 10a. State 10b. County	11	0c. City. Toy	vn or Location	n					10d. Inside City Limits					
	Sa-f sho	Director	MD Anne Ar	undel	Crof							1X Yes 2 No					
	Vith th	Dire	10e. Streat and Number			10	f. Zip Code				en of What Cou	intry?					
	ath v	rai	2131 Davidsvill				21114			US							
Maryland 21215-0020	within 72 hours after death with the Maryland ilene. Than "natural", or items 23a or 28a-f show the Modinel Examiner must be notified at	by Funeral	11. Marital Status 1 □ Never Merried 2 □ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent Eve Armed Forcas? 1 Yes 2 No If Yes, Give A Yaar or Detes:	er in U,S.	U.S. 13. Was Decedant of Hispanic Origin? (S if Yes, specify Cuban, Maxican, Puar 1 ☐ Yes 2 ☐ No Specify:					4. Race - Ameri Bleck, Whita, Specify: Wh						
5-0	72 ho	Completed	15. Decedent's I (Specify only highest g	ducation rada completed)	16e	Decedent's	Usuel Occu	petion	vorkina	16b. Kin	d of Business/ir	ndustry					
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Baltimore,	ages ant of tt: If if		1 Burial 2 XCremetion 3 4 Donation 5 Other (Spec			more o-T		gton Cr.	8/16	7	1 M.						
	permit. Pages 1 an Department of Heai Important: If item 2 any injury or other since.		21. Signature of Funerel Service Lice		Daiti			ess of Fecility	0/10	Lat	irel, Ma	iryland					
ä	Depariment Important Impor		115-20	212		F1	leck F	uneral H	Home, Inc	2.							
	Physician	23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feliure. List only one cause on each line.										ryland 20707 Approximate fintaryal Between Onsat and Death					
2	/Medical		Immediete Cause (Finel disease or condition resulting in death) e. Congestive Heart Failure									3 m					
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Sic	Attending ir death. ector: Afte by the fune	cat	2 Accident investigation 3 Suicide 6 Could not	200		OPE Leasting											
Division	pital or Attending Phours after death. eral Director: After the filled in by the funeral	Certification:	4 Homicide 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify)							28f. Location (Street end Number or Rural Route Number, City or Town, Stete)							
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	(4	1	30. Name and eddress of person who	completed course	h /ftem 22c)	(Type Print)				0	15/96						
			30. Name and eddress of person who Howard KS ch.	14, 14	38 No	fense	Huma	Ganh	rills h	11.	21054						
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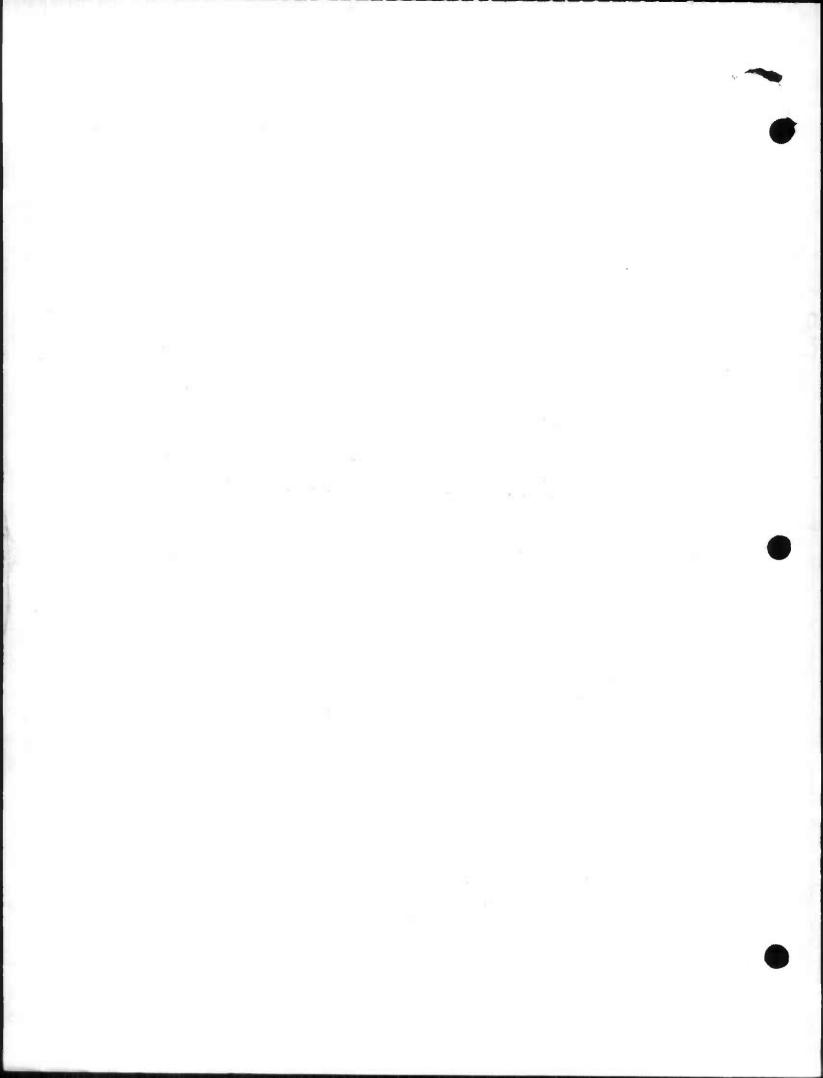
÷ 5	1 . SIAIE	/LAND / DEPARTMENT OF HEALTH AN		24361									
	1. DEBORAH HARRIS	CERTIFICATE OF DEATH		3. TIME OF DEATH									
		BE (In yrs. last birthday) SF UNDER 1 YEAR F UNDER 24 HI NOWTHS DAYS HOURS ME	RS. 7, DATE OF BIRTH 8.	96 7:30 A BIRTHPLACE (State or Foreign Country) MD									
OR	Deator Hospital	96. CITY, TOWN OR LOCATION OF		Y OF DEATH									
IRECI	10e. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION	ne	10d, INSIDE CITY LIMITS? TES 2 NO									
AL I	6/1 S. Charles	Street 101. ZIP CODE 21	230 10g. CITIZE	N OF WHAT COUNTRY?									
BY FUNER	11. MARITAL STATUS 1	S 2 Mile If yes, specify Cuban, Mi	SPANIC ORIGIN? (Specify Yea or No— 14 exican, Puarto Rican, etc.) pecify:	I. RACE — American Indian, Black, White, stc. Specify: Black									
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 ge 5 +)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	16b. KIND OF BUSINESS/INDUS										
once.	17, FATHER'S NAME (First, Middle, Last)	Never Nov	S NAME (First, Middle, Melden Surname)										
TO BE	19e. INFORMANT'S NAME (Type/Print)	19b. MAILINO ADDRESS (Street and Number or R	tural Route Number, City or Town, State, Zip Co										
2		20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other prace)	DATE 20c. LOCATION - CR										
examiner must	21. SIONATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS O		NiGimors									
or remova medical	23. PART I. Enter the diseases, or complications that caus shock, or heart fellure. List only one cause or IMMEDIATE CAUSE (Finel disease or condition		Such as cerdisc or respiratory streets	Approximats Interval Batw Onset and De									
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traum traum	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	S A CONSEQUENCE OF):											
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any Injur	PART II. Other significent conditions contributing to deet RENAL STONES UI INFECTION	h but not resulting in the underlying csuse give RINGRY TRACT	1 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?									
	DID TOBACCO USE CONTRIBUTE TO CAUSE 25. WAS CASE REFERRED TO MEDICAL	OF DEATH YES NO DUNCER	TAIN 🗆	1 YES 2 NO									
in the State Dept. ed, or item 23 s PHYSICIAN:	EXAMINER? HOSPITAL:	Outpetient 3 DOA 4 Nursing Home 5 Reside	nnce 6 C Other (Specify)										
3 7 6	27. MANNER OF DEATN 1 Netural 5 Pending Investigation 25s. DATE OF INJUI (Month, Day, Yes		2ad. DESCRIBE NOW INJURY OCCU	RED									
after d	3 Suicide 6 Could not be determined 26e. PLACE OF INJU building, stc. (5	URY — At home, farm, atrest, fectory, office Specify)	28f. LOCATION (Street and Number or City or Town, State)	Rural Route Number,									
	CORP.	nowledge, death occurred at the time, date and place, and attended to the stine and/or investigation, in my opinion, death occured a											
- > =	29b. SIGNATURE AND TITLE OF CENTIFIER	29c, LICENSI		SIGNED (Month, Day, Year)									
E E			31136 PAU	Gust 14.17									

DEATN (ITEM 27) (Type, Print)

(MM) 6(1

ALLACE MM)

32 REGISTRAT'S SIGNOWIRE
LICE JAMASON—ANTROPE



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				State of Ma	arylanc			of Death	iviental H	Reg. No.	6 24	362
	Dhusia	ion	1. Decedent's Neme (First, Middle, Lest)						2. Dete of D		Yeer 3.1	Time of Deeth
4	Physic /Medi		ETHEL	-	12		_		AUGU			1:20 AM
7	Exami	ner	4a. Facility Nama (If not Institution, give NORTH WEST H		4 51	ENTE	R	4b. City, Town, o			of Death	RE
	Funeral Director		000-09-3934	7. Age	a (In yrs. le 92	est birthday) Yrs.	If Undar 1 Ye Months Da		s. 8. Deta of B (Month, L JAN. 2	irth 8 <i>y, Year)</i> 8,1904	9. Birthplece (Country) OHIO	(Steta or Foreign
	show ad at		Usual Residence of Decedent 10a. Stete 10b. County		10c. City,	Town or Loc	ation				10d. In	side City Limits
	r 28a-f show	tor	MARYLAND BA	LTIMORE		RANDA	LLSTOWN	J				Yes 2 No
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020	or its	by Funeral Director		12. Wes Decedent E Armed Forces? 1 Yes 2 N If Yes, Give Yeer or Detes:	Ever in U,S			of Hispenic Origin? (cuban, Maxican, Pua No <i>Specify:</i>	Specify Yes or Norto Rican, etc.)		ce - American Inc ck, White, etc.	20 100
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lary	2 shot and N is man		19e. Intorment's Neme/Reletionship (Ty	pe, Print)			Address (Str	eet end Number or F))
	l and leeith m 27 her tu		MR. DAVID HARRIS	(HUSBAND	-			PER DRIVE,		T		
Baltimore,	permit. Pages 1 Department of H Important: If its any injury or ot		20e. Method of Disposition 1 Depunded 2 Crementon 3 R 4 Donetion 5 Dother (Specify)	emovel trom Stete	Cer	matary, crem ARLING		piece) ZUK AMUNC		996 BALT	City or Town, S	
Ball	Depart Import any inj		21. Signature of Mineral Service Source	2	٠			dress of Fecility Levinson sterstown			o MD 2	1208
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9	/Medical		Immediate Cause (Final disease or condition	OTHE !	201	-150	- 5 1 5	CAROI	AUALC			
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× 68760,	S 0 0	//Medical	thet Initiated events resulting in death) Last		Dua to (or a	as a consequ	ence of):				i	
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P.O.	es thet the death cert igned by the attendin be detached for use	y Physician/M	DEMENT		A HOLIOSUM	ung in aig on	uanying cause	given in Pert I.		Yes 2 No		
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l Re	0 5 %	mo.							1□	Yes 212 No		2□ No
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of \	S 0 0	은	1 ☐ Yes 2 ☑ No	The second second		R/Outpatlent	3LI DOA			idence 6 Oth		
Division	After Fune	atlon	27. Menner of Deeth 1 DNetural 5 Pending 2 Accident Investigation	28a. Dete of Injun (Month, Day	Year) 2	28b. Time ot Injury		njury et Vork? ☐ Yes 2 ☐ No	28d. Describe	how Injury occur	bet	
Divi	유민의	Certification:	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide determined	28e. Plece ot Injubuilding, etc	ry - At horr :. (Specify)	ne, term, stre	et, fectory, offic	Ce	28f. Location City or To	(Street and Numb own, Stete)	er or Rural Rout	a Number,
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	within of the complex	Me	29b. Signetura and title of certifier	and mainer star	100.		29c. Lice	ense number		29d. Data signe	d (Month, Day, Y	rear)
	(F	1	MIX	. S. RF	sof	W1.8	0	434	62	4000s	7 11 7	996
6	-	/	30. Neme and eddress of person who con	npleted cause of de	eth (Item 2	23e) (Type, P	rint) 0 S P I T	AL CE	VTER.	RANG	ALLE	TOWN
	Sta Registr	te ar	AUG 1 6 1996	who the Holder	KE PROMO	LONG.						

🗷 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end place, end due to the cause(s) end menner es steted. 2 Medical Exeminer: On the basis of exemination end/or investigetion, in my opinion, deeth occurred et the time, dete end piece, end due to the cause(s) end menner steted.

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29c. License numbar

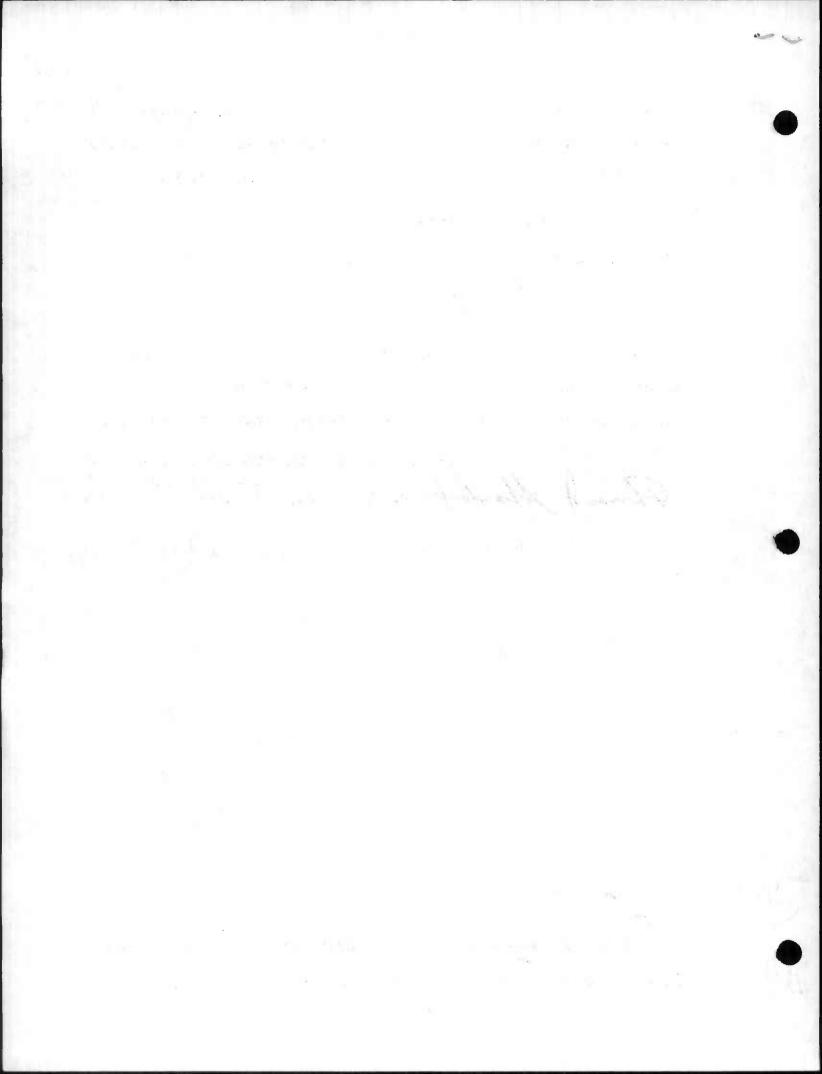
29d. Deta signed (Month, Day, Year)

State Registrar 29a. Certifier

29b. Signeture and title of certifiar

Rd. GleN AUG 16

completed cause of deeth (item 23e) (Type, Print)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Dete of Death 3. Tima of Death Month Olopa Hernan dez ose 07 30 4e. Fecility Nama (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Bayview Medical Center N/A Baltimore 5. Social Security Number If Under 1 Year if Under 24 Hrs. 7. Age (In yrs. last birthdey) Birthplace (State or Foreign Country) 17 M 2□ F Months Days Hours Yrs 136-72-6283 42 01/20/1954 Cuba Usual Rasidance of Deceden 10a Stata 10b. County 10c. City. Town or Location 10d. inside City Limits Maryland N/A Baltimore 1 X Yes 2 □ No 10e. Street end Number 10f. Zip Coda 10g. Citizen of What Country? 629 Oldham Street 21224 Cuba 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yas, Giva Yeer or Detas: 11. Maritai Status Was Decedant of Hispanic Origin? (Specify Yea or No-If Yas, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - Amarican Indian. Bleck, White, etc. 1 Never Merried 2 Merried 1 Yes 2 No Specify: Cuban 3 ☐ Widowed 4 ☐ Divorced 16a. Decedant's Usual Occupation (Give kind of work done during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada complated) 16h Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Construction Construction 17. Fether's Neme (First, Middla, Last) 18. Mother's Nema (First, Middla, Maidan Sumama) Unknown Hernandez Lilliance Gonzalez 19e. Informent's Name/Raiatlonship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 3223 Eastern Ave. Baltimore, Md 21224 Kimberly Hernandez Wife 20b. Piece of Disposition (Nama of 20e. Mathod of Disposition Deta 20c. Location - City or Town, Stata Name of the second seco Voshells Cemetery 8/6/96 Baltimore, Md o ☐ Othar (Specify) 23. Signature of Bu 22. Nama and Addrass of Facility David J. Weber Funeral Home 401 S. Chester St. Baltimore, Md 21231 Entar the afsaasa, or complications that caused tha daath. Do not antar the mode of dying, such as cardiac or respiratory errest, ck, or heart failure. List only one cause on each line. Approximata tntarval Batween Onsat and Deeth Sepsis and hemorrhage Dua to (or as a consequence of): Right renal hydronephrosis mediete Ceusa (Final disaasa or conditior resulting in death) Sequentially list conditions, if any, leading to immadiata causa. Entar Undarlying Cause (Disaesa or Injury AIDS that initiated avants Due to (or as a consequence of): resulting in death) Lest 23b. Did tobacco use contribute to the cause of death? Pert tl. Other atgniftcant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yee 2 00 3 Probably 4 Unknown 24b. Were eutopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? 1 Tas 1 Yas 2 No 25. Was case rafarrad to medical examinar? 26. Placa of Death (Check only ona) Hospitai: 1 Unpatient Othar: 4 Nursing Homa 5 Rasidance 8 Other (Specify) 2 ER/Outpetient 3 DOA

Physician /Medical Examiner

Physician

/Medical

Examiner

Funeral

Director

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Completed

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7 is marked other than "natural", or items 23s or 28s-f shot traumatic event, the Modical Examinar must be notified at

other t

Department of important: If it any injury or o

Pages 1 and 2 should be filed within 72 hours after or not of Health and Mental Hygiene. Int: If Item 27 is marked other than "natural", or item

Baltimore, Maryland 21215-0020

with the Maryland

death

attending physician and for use as the burial-transit requires that the death certificate be exec ed bluods has

Division of Vital Records, P.O. Box 68760.

Examiner Physician/Medical þ Completed director Be 2 After this uneral Certification: death. 94 after deat Director:

1 Yas 2 No 27. Manner of Death

> 1 Natural 3 ☐ Suicida 4 ☐ Homicida

5 Pending Invastigation

28a. Date of Injury (Month, Day Year) 6 Could not be datarmined

28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify)

28b. Tima of

28c. injury at Work? 1 Yas 2 No

28d. Dascribe how injury occurred

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

29a. Cartifian (Check only one) Certifying Phyeician: To tha best of my knowledga, daeth occurred et tha tima, data and place, and dua to tha causa(s) and mannar as stated.

| Medicat Examiner: On tha best of examinetion end/or investigetion, in my opinion, deeth occurred at tha time, dete and place, and due to the cause(s) and mennar stated. 29c. Licansa number

29b. Signatura and title of centile 30. Nama and address of person

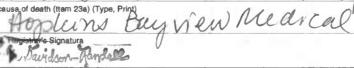
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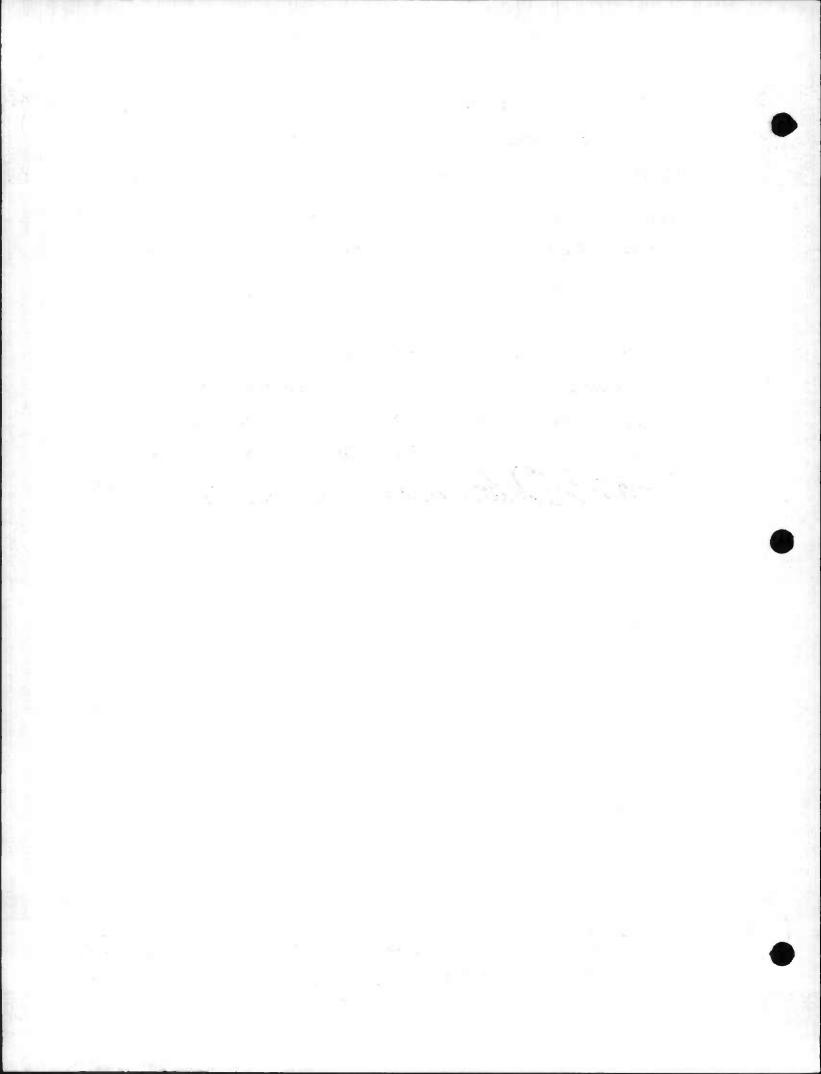
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State of Maryland / Department of Health and Mental Hygiene

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-						Ce	rtificate	Of .	Death		Reg. I	Vo.		
П	Physic	ian	Decedent's Name (First, Middle,	Last)						2. Dete		Ову	Yeer	3. Time of Deeth
J	/Medi			ARTER		MMEL				AUGU			996	5:00 A
D.	Exami	ner	4e. Facility Name (If not institution,					1	4b. City, Town	, or Location of	Deeth	4c. County	of Death	
			SAINT JOSEPH	7		_	900-4-3	7	OWSON	Hrs. 8. Date	AND	BA	LTI	
	Funeral		5. Social Security Number 215–05–6164	Sex 1 M 2 □ F	7. Age (In yrs.	lest birthday) Yrs.	if Under 1 Months	Deys	Hours	Min. 8. Date (Mont	of Birth h, Day, Yea 23/08	ar)	9. Birthr	plece (Stete or Foreigntry) DIANA
1	Director		Usuei Residence of Decedent		88	113.				3/2	3/08		INL	DIANA
	and		10e. Stete 10b. County		10c. Cit	y, Town or L	ocation					_	1	Od. Inside City Limits
	dary fah	ō	MARYLAND B	ALTIMORE		CAF	RNEY							1 ☐ Yes 💥 ☐ No
	the 28s	Director	10e. Street and Number				10f. Zip 0	ode			100.0	Citizen of 1	What Cour	atov?
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	n 72 hours after death with the Maryland "natural", or items 23a or 28=4 show adical Examiner must be notified at	Funeral	1 Never Married 2 Married	Armed Fo	rces?		It Yes, specif	y Cuba	an, Mexican, P	? (Specify Yes o Puerto Rican, etc	i.)		ck, White,	
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21215-0020	72 hou		15. Decedent's	Education		16e. Dece	dent's Usuei	Occup	ation		16b.	Kind ot B		
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<u>la</u>	should be and Mental marked of umatic eve	To	CHARLES F. HUMMEL LULA HURST											
Maryland	d 2 should th and Mer 7 is marke traumatic	-	19e. Intormant's Name/Reletionship	(Type, Print)		19b. Meili	ing Address (Street	and Number o	or Rural Route N	umber, Cit	y or Town,	Stete, Zip	Code)
			JEANNETTE HOPPE	DA	UGHTER	232	O HARI	ORI	D HILLS	S ROAD	BALT	[MORE	, MD	21234
altimore,	of Healt item 27 other		20e. Method of Disposition	-		lece of Dispo	osition (Neme	of er pled	ce)	Date	20c.	Location -	City or To	own, State
Ĕ	Page ent o nt: If		1 ☐ Burlai 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spe		SIBIO		CEME!		*	8/14/9	6 BA	ALTIM	ORE,	MD
alti	permit. Pages 1 an Department of Heal Important: If item 2 any injury or other once.		21. Signeture of Funeral Service Lic	ensee	1				ss of Facility INERAL					
Ö	Depa impo any l		Part	1 K	man				UNERAL RAVEN I	HOME	OF TOOM	T MT	212	006
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Ų.	Physician		shock, or heart teilure. List on	ly one ceuse on e	ech line.			•					1	Intervel Between Onaet and Deeth
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	Examiner		disease or condition resulting in deeth)	e ACUT		r es e conse		ЯК	ACCID	ENT			i	3 WEEKS
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	nd po	Del	resulting in death) Last										i	
XOX	E 2	an/M		d									i	
. B	as that the death igned by the atten be detached for u	Physician	Pert II. Other eignificant conditions	contributing to de	ath but not resu	ulting in the u	inderlying cau	ıse giv	en in Pert I.	23b.	Did tobac	co use co	ntribute te	the cause of death
O.	that the ed by th detache	Phy	1 MYDI OUTDDO	3.7.0							1 🗆 Yee	2 X No	3 Pro	bably 4 Unknow
Ś	as th	þ	1. MYELOFIBROS	012						-				
5	v requiras been sign should be	ted								240.	Was an au	topsy	av	are autopsy tindings allable prior to
ပ္	2 s	ple												mpletion of cause death?
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8	lending Seem. tor: After the fune	cati	2 ☐ Accident invastigat				M		Yes 2□No					
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	ti i ti	Med	one)	and mann	er steted.		r investigation, in my opinion, daath occurred at the time, date and piece 29c. License number 29d. Date sign							
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			30. Nema and alidresh of person wh									-		
_			JOGINDER P. M	EHTA, M	.D., 7	620	YORK	RD.	, TOW	SON, MD	. 21	204		

Registrar

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State of Maryland / Department of Health and Mental Hygiene 96 24366

			item #40, Illing	/38, 8/16/9	o,cyw, p	er in Ce	rtificate d	of Death		Reg. No.		400) U
	Physic /Medi		Decedent's Nama (First, Midd RAYMOND	la, Last)	ARK		ARBAUC		2. Dete of D	eeth	1996	3. Tima of C	
	Exami		4e. Fecility Nema (If not institutio		nber)			4b. City, Town, o	r Location of Dee	oth 4c. Coun	ty of Death	0	
L			Carroll		"		Milledes 4 V		FIMORE		_	e Coun	
	Funerai Director		5. Sociel Security Number 214–68–4699	6. Sex 11€ M 2□ F		. lest birthday)	If Under 1 Your Months De	ear If Under 24 Hr ays Hours Mir	1. (Month, E	irth Dey, Yeer) , 1963		laca (State or itry) yland	Foreig
	anyland show	_	Usuel Residence of Decedent 10e. Steta 10b. County	,	10c. C	ity, Town or Lo	ocation		-		10	0d. Inside City	
	Ba-f	cto	Maryland Balt	imore		Brighto	n				1 ☐ Yes 2	No.	
	or 2	Director	10e. Street end Number				10f. Zip Cod	de		10g. Citizen of	Whet Count	try?	
	23a		6608 Fairmount	Avenue			2121	15		U.S.	Α.		
Maryland 21215-0020	d within 72 hours after death with the Maryland giene, "rethen "natural", or items 23a or 28s-f show the Modical Everrines must be notified at	by Funeral	11. Marits! Stetus 1 ★ Never Marriad 2 → Mar 3 → Widowad 4 → Divorced	If Voc Giv	rces? 2 No e		Was Decedent If Yes, specity (1 ☐ Yes 2🔼	of Hispenic Origin? (Cuban, Mexican, Pue No Specify:	Specify Yes or Norto Rican, etc.)	Speci	ack, White, e		
2-0	72 hor	Completed	15. Deceden	nt's Education st grede completed)		16s. Dece	dent's Usuel Oc	cupation		16b. Kind of I	Business/Ind	dustry	
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pu	se filed sel Hygie d other event, tr	Be	17. Fether's Neme (First, Middle,	Last)				18. Mother's No	eme (First, Middl	e, Meiden Sume	me)		
yla	d 2 should be filed the and Mentel Hyg 7 is marked othe traumatic event,	ည	Harry S. Harbau	igh, Sr.				Eliza	beth Ru	by Harba	ugh		
ar	2 sho end ie me		19e. Informent's Neme/Relations	ship (Type, Print)		19b. Mailin	ng Address (Str	reet and Number or F	Rurel Route Num	ber, City or Town	n, Stete, Zip	Code)	
	CENL		M/M Harry S. Ha	rbaugh, S	r. (Par	rents)	6608	Fairmount	Avenue	Baltin	nore,	MD 21:	215
ore	8 - 5 0		20e. Method of Disposition 1 Burial 2 □ Cremetion	2 CB-must from 6		Piece of Dispo	sition (Neme o	f place)	Dete	20c. Location	- City or Tox	wn, Stete	
Ē	Pages nent of I int: If its		4 □ Dopation 5 □ Other (S			ingfie	ld Cem	netery	8/17/96	Sykesv	ille.	MD	
Baltimore,	permit. Page Department of Important: If any Injury or other.		21. Signature of Funeral Service			22	Name end Ac	drass of Facility	ral Dir	ontors	Tno		
	Physician /Medical		233 Party Enter the alseese, or shock, or heart hillure. List Immediate Causa (Fine) disease or condition									Approximete Intervel Betwee Onset and De	
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30	th ce tendi	an		d									
.O. Bo	dea he at hed fo	sici	Pert II. Other significant condition	ons contributing to de	ath but not res	sulting In the u	nderlying cause	given in Pert I.	23b. Dic	tobacco usa c	ontribute to	the cause of	death
0	requires thet the death cert ween signed by the attendin hould be detached for use	by Physician			•				10	Yes 2 No	3 Prob	pably 4 U	know
Records,	aw requir	Completed							24e. We	s en autopsy formed?	ava	ore autopsy find allable prior to appletion of cau deeth?	
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ita		Bec	25. Wes case referred to medical					26. Place of De	eth (Check only	one)		OUTTO	DE
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0	g Ph er th		27. Manner of Deeth	28e. Dete o		28b. Time of		njury at Work?	_	how Injury occu		TREE	
0	Attending Ph or death. ector: After th by the funeral	atio	1 ☐ Neturel 5 ☐ Pendin 2 ☐ Accident investig	9	i, Dey Teal)	Injury		1 ☐ Yes 2 ☐ No					
Division of Vital	ai or Attendes safter deati	Certification:	. 3 Sulcide 6 Could r 4 Homicide determ	ined Zoe. Frede	28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete)								r,
	To the Hospital or Attention for Attention 24 hours after deat To the Funerel Director; completely filled in by the	edical (29a. Certifier (Check only one) 1 Certifyin 2 Medical	g Phyelclan: To the t Examinar: On the ba and menn	sis of examine	wiedge, death ation end/or inv	occurred et the restigetion, in m	e time, dete end plec ny opinion, deeth occ	a, end due to the urred et the time	ceuse(s) end m , dete end placa	enner as ste , and due to	eted. the ceuse(s)	
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Ì	1)		30. Neme end eddress of person	O. Chute 1	40-	n 02a) (T		O.C.M.E.		AUGUST	14,	1996	
-	1		77	nute MD				eet, Bal	timore	, Mary	land	21201	

DHMH 16 Rev 6/95

State

Registrar

31. Dete filed (Month, Dey, Year)

32. Registrer's Signature

AUG 1 6 1996

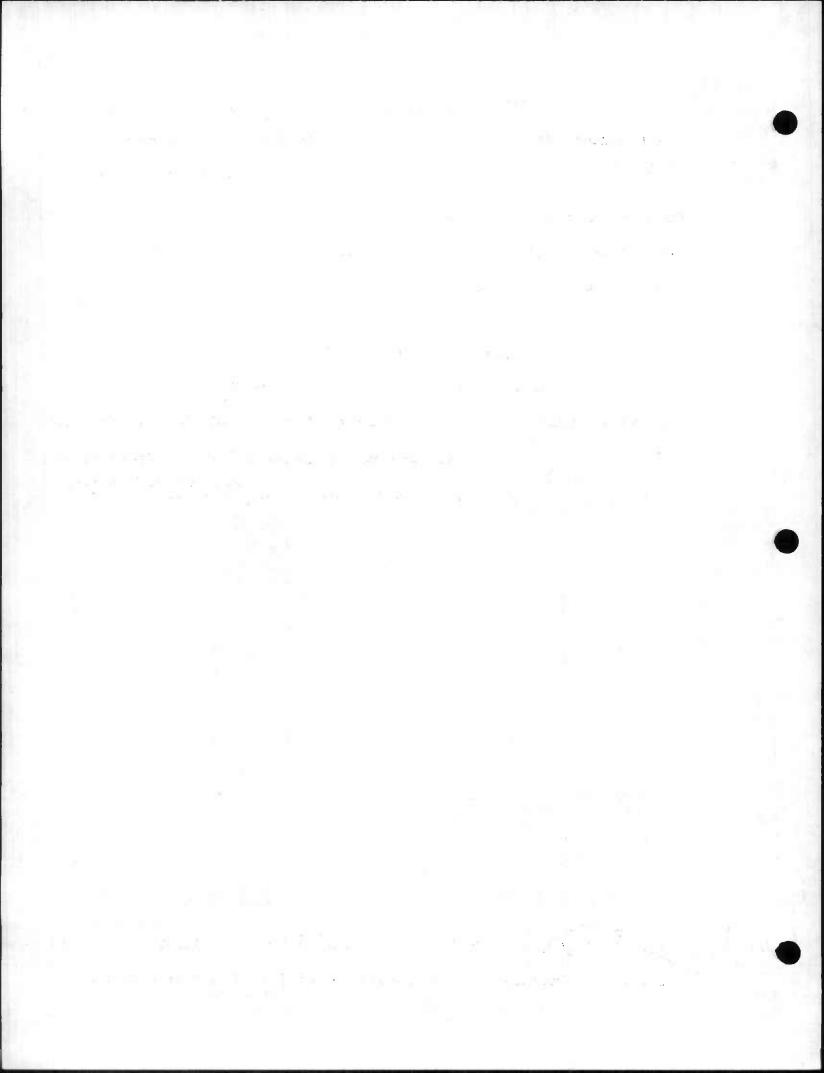
Julia Davidson Mondall

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State of Maryland / Department of Health and Mental Hygiene 96 24367

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f	Physic	ian	Decadant's Nama (First, Middla, in the control of the control							2. Data of Da Month	ath Day	Yaar	3. Tima of Death
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9	Exami	ner	4a. Facility Nama (If not institution, g		m <i>ber</i>)					ocation of Deat	100	y of Death	
┡			201 Princeton 5. Social Sacurity Number 6	Lane	7 Ann //n	Inna fairth day	If Under 1 Ya	Be1	Air 24 Hrs.	0 D-4(B)-	Harf	-	
ш	Funeral Director		705 05 7365	1MM 2□F	7. Aga (In yrs. 85	Yrs.	Months Da		Min.	8. Data of Bir (Month, Da	iy, Year)		olaca (Stata or Foraign
			Usual Rasidance of Decedant		65					Jan. 7	, 1911	Mar	yland
	yland		10a. Stata 10b. County		10c. Cit	ty, Town or Lo	cation					1	0d. Insida City Limits
	the Marylar 28a-f ahow	ctor	Maryland Harfor	d	Be	el Air							1 ☐ Yas 2 🔀 No
	or 28	Directo	10e. Street and Number				10f. Zip Code	a			10g. Citizen of	What Coun	itry?
	23a		201 Princeton I	ane			210	014			U.	S.	
	tems	Funerai	11. Marital Status	Armad Fo		,S. 13.	Was Dacadant of f Yas, specify C	of Hispanic Or uban, Maxica	igin? (Sp n, Puarto	ecify Yas or No Rican, atc.)	- 14. Ra	ce - Amaric	
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21215-0020	72 hours efter deeth with the Maryland "natural", or items 23a or 28a-f ahow offer Examiner must be mustical at	De De		Yaar or Da	atas:	16a Dagar	lant's Havel Os	numetion				. 447	
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212	iene. Than	mo	Elementery/Secondery (0-12)	College (1 2 ye			mal Eng				Railro	oad	
	Hygie other	Be C	17. Fathar's Nama (First, Middla, La		4.1 5		-		ar's Nam	a (First, Middle			
10	should be filed nd Mental Hygi marked other imatic event,	To B		Norman	Ig1eha:	rt			B	lanche	Deavrs		
Maryland			19a. Informant's Name/Raiationship	(Typa, Print)		T	ng Addrass (Stre	aat and Numb	er or Rui	ral Route Numb	er, City or Town	, Stata, Zip	Coda)
	27 E		M. Regina Igleh	nart		201	Princet	on Lan	е	Bel .	Air, Ma	rylan	d 21014
ore	S) U		20a. Mathod of Disposition 1 □ Burial 2 □ Cramation 3	□ D - m - m - 1 f m - 1	20b. P	Placa of Dispo	sition (Nama of netory or other)	olaca)		Data	20c. Location	- City or To	wn, Stata
Ē	arment of I ortant: If Re Injury or of		4 □ Donation 5 □ Other (Spec		Be.	1 Air	Memoria	1 Gard	ens 8	8/16/96	Bel A	ir, M	aryland
Baltimore,	Depart Depart Import any Inj once		21. Signature of Funeral Service Cio	1		22	. Nama and Ad	drass of Facil	ity	Gonce	Funera1	Home	P.A.
ш	80588		Herry	1 40	nel	40	001 Rito	chie H	ighwa				
	F		23a. Part 1 Enter the disease, or co shock, or heart failure. List on	plications that co	aused tha daat ech lina.	h. Do not ant	ar the moda of o	dylng, such es	cardiac	or raspiratory a	rrest,		Approximete Interval Batwaan
	Physician		U		2)							1	Onset and Death
	/Medicai Examiner		Immadlata Causa (Final disease or condition rasulting in death)	a	Ulman	MAN	Edem	a					
		L	rasulting in Gaath)		Dua to (o	or es e conseq	juanca of):					1	
	ted ns.it	Examiner		b	tortic	7101	2120						
	certificate be executed iding physician and ise as the bunel-transit	xar	Sequantially fist conditions, if any, leading to Immediata causa. Entar Undarlying Cause (Disaasa or injury		Dua to (o	r as a conseq		Δ.				1	
760	siciar buni		Causa, Entar Undarlying Cause (Disaasa or injury that initiated avants	c	evere		evary	ACK	ery	Disec	wie .		
68760,	ficete p phy as the	√Medicai	resulting in death) Last		Dua to (o	ras a conseq	uance of): (/				
X		2		d						· · · · · · · · · · · · · · · · · · ·			
Ä	law requires that the death as been signed by the etter 2 should be deteched for u	Physician	Part II. Other significant conditions	contributing to de	ath but not rasi	ulting In the ur	ndariving causa	given in Part	1	23h Did	tohacco use c	ontribute to	the cause of death?
P.0	by the	اخّا									Yss 2□ No		bebly 4 Unknown
Ś	gned be de	by	1.071604	CON	wh								
Division of Vital Records,	equire sen si ould		Prostate Chronic	clast	run Lilia	0.	1/10.000	()i }@	24a. Was	an autopsy		are autopsy findings allable prior to
ecc	as be	ple	Caraouic	Obra	OCTIOS		JIMONI	N'Y I	V 2.8	W.E.		of e	mpletion of causa death?
<u> </u>	sicien: The law certificate has b lirector, page 2 s	Completed								10	Yas 2 No	10	Yas 2□No
ita	ysician: s certifica director,	Be	25. Was casa rafarred to medical axaminar?					26. Plac	a of Daat	th (Check only o	ona)		
<u>></u>	Physician: this certific ral director,	2	1 Yas 2 No	Hospital: 1 □ ir	npatiant 2	ER/Outpatian	t 3 DOA	Other: 4 N	ursing Ho	oma 5 Rasi	danca 6 □Ot	har (Specif)	y)
u u		ü.	27. Mannar of Death 1 ØNatural 5 ☐ Panding	28a. Data o (Monti	of Injury h, Day Year)	28b. Tima of injury	28c. in	jury at Vork?		28d. Dascribe	how injury occu	rred	
Sio	Attending r death. sctor: After by the fune	cat	2 Accident investigati 3 Sulcide 6 Could not				M 1	☐ Yas 2☐	No				
N	or At after o Direct I in by	Certification:	4 Homicida datamine	28a. Place	of injury - At ho ng, etc. (Specif)		aat, factory, offic	ca		28f. Location (: City or To		ber or Rura	I Routa Number,
	plan plan plan plan	- P	200 Corillos M. O. M. in . B					See Carlotte					
	Fan Pan	edica	29a. Certiflar 1 Certiflying P (Check only one) 2 Medicat Exa	hysicfan: To tha i miner: On the ba and mann	sis of examinet	wledge, deeth tion end/or inv	occurred at tha astigation, in m	time, date ar y opinion, das	id placa, ith occur	and dua to tha red et tha tima,	cause(s) end m data and place,	annar as st and due to	ated. the ceuse(s)
		N	29b. Signature and title of pertitler	and mann	ar stated.		29c, Lica	nsa number	_		29d. Data sign	ed (Month, i	Dav. Year)
	A 1		MACK	7	MO			375	17				, 1996
"	.)		30 Marrie and address of person who	completed cause		23a) (Tune 1					11-7-11	1	
-		4	David C. Rubii		10		mtree R	oad Su	ite	110 Be	l Air,	Md. 2	1015
	Sta	te	31. Data filed (Month, Dey, Yaar)		gistrar's Signe								
	Registi		AUG 16 1996	ia David	son-Hands	02							



ITEM: 1. PER DR. FILM G-738 8/21/96 t.t Piease Type or Print in Black Indelible Ink. Assure All Copies Are Legible. item #5, filmg 738, 8/16/96,cyw, per fin 24368 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** August Janozah Elsie Alexandra **JONCZAK** /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Meridian Corsica Nursing Home Centreville Queen Annes If Under 1 Yeer if Under 24 Hrs. 8. Dete of Birth Hours Min. (Month, Dey, Year) 5. Sociei Security Number 6. Sex 7. Age (In yrs. lest birthdey) Birthpiece (Stete or Foreign Country) **Funeral** Deys 273-18-62550 1 M 2 F Months Director Dec. 12, 1898 Poland Usuel Residence of Decedent pemit. Pages 1 and 2 should be filed within 72 hours aftar death with the Maryland Department of Health and Mental Hygiena. Introprent: If itam 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic avant, the Madical Exercises matter. 10a. Slete 10b. County 10c. City, Town or Location 10d. inside City Limits 1 ☐ Yes 2 ☑ No Director Maryland Queen Annes Centreville 10a. Street and Number 10f. Zip Code 10g. Citizen of What Country? 604 Coon Box Road 21617 U.S.A. by Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: 11. Meritei Stetus Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, apecify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indien, Bleck, White, etc. 1 Never Married 2 Merried 1 ☐ Yes 2 ☒ No Specify: Specify: White 3 Widowed 4 □ Divorced Completed 16a. Decedent's Uauel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Homemaker 3rd grade Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Be Peter Liszewski Magdalina Unknown 19e. Intorment's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Daniel Jonczak (Son) 604 Coon Box Road, Centreville, Maryland 21617 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removei trom Stete 4 ☐ Donetion 5 ☐ Other (Specify) Most Holy Redeemer Cem. 8-14-96 Baltimore. Maryland 21. Signeture of Funerel Service Licensee 32. Name and Address of Facility Schumunek Funeral Home 3331 Brehms Lane, Baltimore, Maryland 21213 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete intervel Between **Physician** /Medical My ocardial infurtion Immediate Cause (Finel disease or condition resulting in death) Examiner Due to (or es a consequence of): Examiner physician and s the burial-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or es e consequence ot): Physician/Medical Due to (or es e consequence of): 88 USB Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 28 No 3 Probably 4 Unknown þ 24b. Were autopsy findings evallable prior to completion of cause of death? Completed 24a. Wes en autopsy performed? 1 Yes 2 2 10 1 □ Yea 2 □ No 25. Wes case reterred to medical examiner? Be 26. Piece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpallent 3 ☐ DOA Other: Sursing Home 5 Residence 6 Other (Specify) 10 1 Yea 25 No funaral 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28b. Time of Injury 28c. Injury at Work? 28d. Describe how Injury occurred Certification: Neturel 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, State) 3 ☐ Sulcide 28e. Plece of Injury - At home, farm, atreet, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Physicien: To the best of my knowledge, deeth occurred at the time, dete end piece, end due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end piece, and due to the cause(s) end menner stated. 29e. Certifier Medical

requires that the death certificate be axecuted P.O. Box 68760. Division of Vital Records, or Attending Physician: Hospital

Baltimore, Maryland 21215-0020

State

this

Aftart

after death. Director: After

24 hours 8

(Check only one)

29b. Signeture and title of certifie

30. Name end eddress ot person who completed cause ot deeth (Item 23e) (Type, Print) 31. Date tiled (Month, Day, Year) 2108 A Dwalo

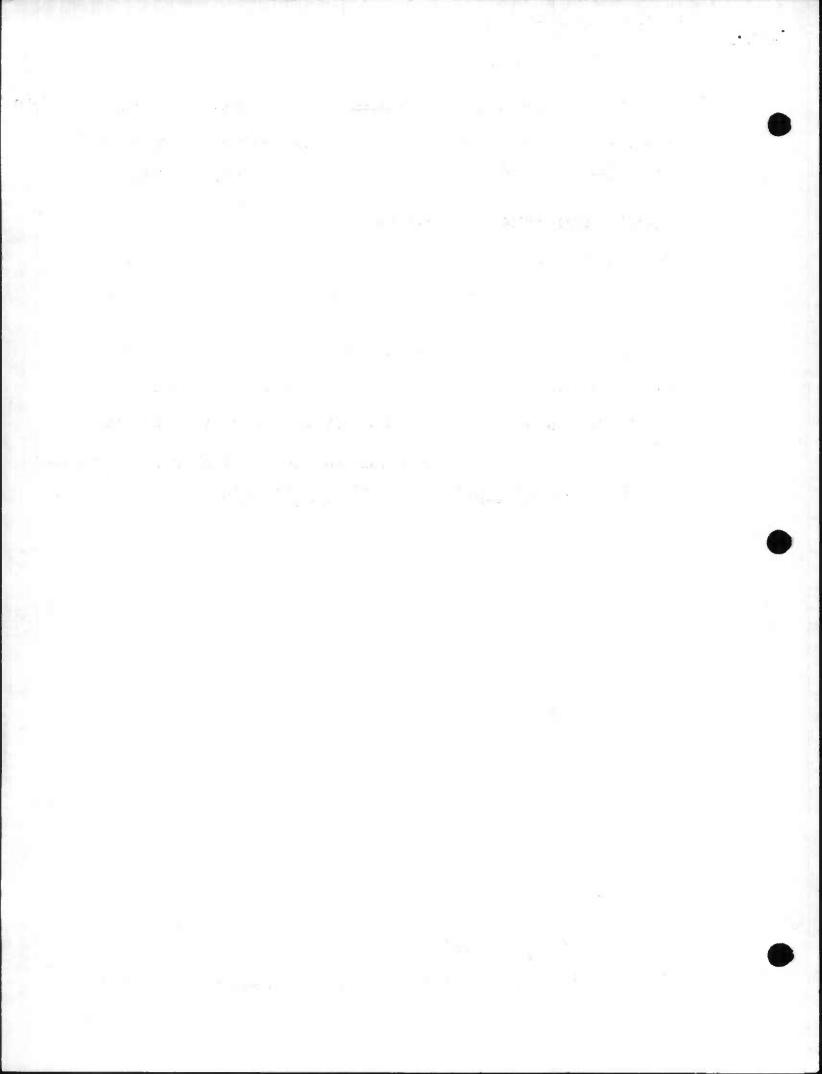
Drive Chertoms 32. Registrer'a Signeture AUG 1 6 1996 ulia Davidson-Randall

29c. License number

032036

29d. Dele signed (Month, Day, Year)

Registrar



State of Maryland / Department of Health and Mental Hygiene

3. Time of Leath

		Certificate of Death
0.50	Decedent's Nama (First, Middla, Last)	
Physician /Medicai	HARRISON LERUT KELLER	
AMEGICAL	An English Name (Mant institution aim street or december)	4h Ohi Taum and

2. Data of Death Day AUGUST 14, 1996

Funeral Director

death with the Marylend

7 is marked other than "natural", or flems 23a or 28a-f show traumatic event, the Mexical Examinar must be notified at permit. Pages 1 and 2 should be filed within 72 hours effer of Department of Health and Mental Hygiene. Important: If Item Z7 is marked other than "natural", or ther any Injury or other traumatic event. It is increased.

3altimore, Maryland 21215-0020

Physician /Medical Examiner

physician and s the burial-transit certificate be executed attending physician USB 88 signed by t page 2 certificate After this funeral the Hospital or Attending hin 24 hours after death. filled in by the Director:

Division of Vital Records, P.O. Box 68760,

Š Completed Physician/Medical C.O.P.D. 2 Completed SEIZURES Be Certification:

Facility Nama (If not institution, give street and number) V.A. MEDICAL CENTER 5. Social Security Number 7. Aga (In yrs. last birthday) 218 03 0703 1**½** M 2□ F 76 Yrs Usual Rasidance of Decedant 10b. Count 10c. City, Town or Location Md. N/A Baltimore Director 10e. Street and Number 520 South Clinton Street Funeral 12. Was Dacedant Evar in U,S. Armed Forcas? 12 Yas 2 No If Yas, Giva Yaar or Datas: W.W.2 1 Nevar Married 2 Married 3√2 Widowed 4 □ Divorced 15. Decedant's Education (Specify only highast grada completed) Elementery/Secondary (0-12) Coitega (1-4or 5+) 17. Fathar's Nama (First, Middla, Last) Abraham Keller 19a. Informent's Name/Ralationship (Typa, Print) Leroy H. Keller, Son 20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramovai from Stata 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funeral Sarvice Licenses 23a. Part I. Enter the disease, or comply ations that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. Immediata Causa (Final disaasa or condition raaulting in death) Due to (or es a consequence of) Sequentially list conditions, if any, leading to immadiata cause. Entar Undarlying Ceuse (Diseese or injury that initieted eventa that initieted eventa rasulting in death) Last

6:30 A.M. City, Town, or Location of Death 4c. County of Death FORT HOWARD BALTIMORE If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. Birthplaca (State or Foreign Country) Days Maryland 10d. Insida City Limits 1 XYes 2 No 10f. Zip Coda 10g. Citizan of What Country? 21224 USA Was Decedant of Hispanic Origin? (Specify Yaa or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - American Indian, Black, Whita, atc. Specify: White 1 ☐ Yas 2 ☑ No Specify: 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry Black-Decker Machinist 18. Mothar's Nama (First, Middla, Maiden Sumama) UNKNOWN 19b. Mailing Addrass (Streat and Numbar or Rural Routa Number, City or Town, Stata, Zip Code) 1452 Galena Road Baltimore, Md. 21221 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata 8-17-96 MIddle River, Md. Holly Hill Cemetery 22. Nama and Addrasa of Facility Charles S. Zeiler & Son Inc. Approximata Interval Betw

CANCER OF COLON WITH BRAIN METASTASIS

Due to (or as a consequence of):

Dua to (or as a consequence of)

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown

24a. Was an autopsy performed?

24b. Ware autopsy findings available prior to completion of cause of death?

Onset and Death

2 MONTHS

1 Yas 2X No

28d. Describe how Injury occurred

1 ☐ Yas 2 ☐ No

25. Wes casa rafarred to medical axaminar? 28. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Residence 8 Other (Specify) Inpatiant 2 ER/Outpatiant 3 DOA

27. Mannar of Death 1 Natural 28a. Deta of Injury (Month, Day Year) 5 Panding invastigation 2 Accidant

6 Could not be determined

28b. Tima of 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify)

28c. Injury at Work? 1 Yaa 2 No

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

To the best of my knowledge, death occurred at the time, date and piace, and due to the cause(s) and manner as stated.

| Medical Examiner: On the best of examination and/or invastigation, in my opinion, death occurred at the time, dete and piace, and due to the cause(s) and manner stated. (Check only one) 29b. Signature and title of certifier

AUG 16 1996

29c. Licensa number

D30528

29d. Data signed (Month, Day, Year)

1402,1996

29a. Certifier

3 ☐ Suicide

4 Homicida

30. Nama and address of parson who complated causa of death (Itam 23a) (Type, Print)

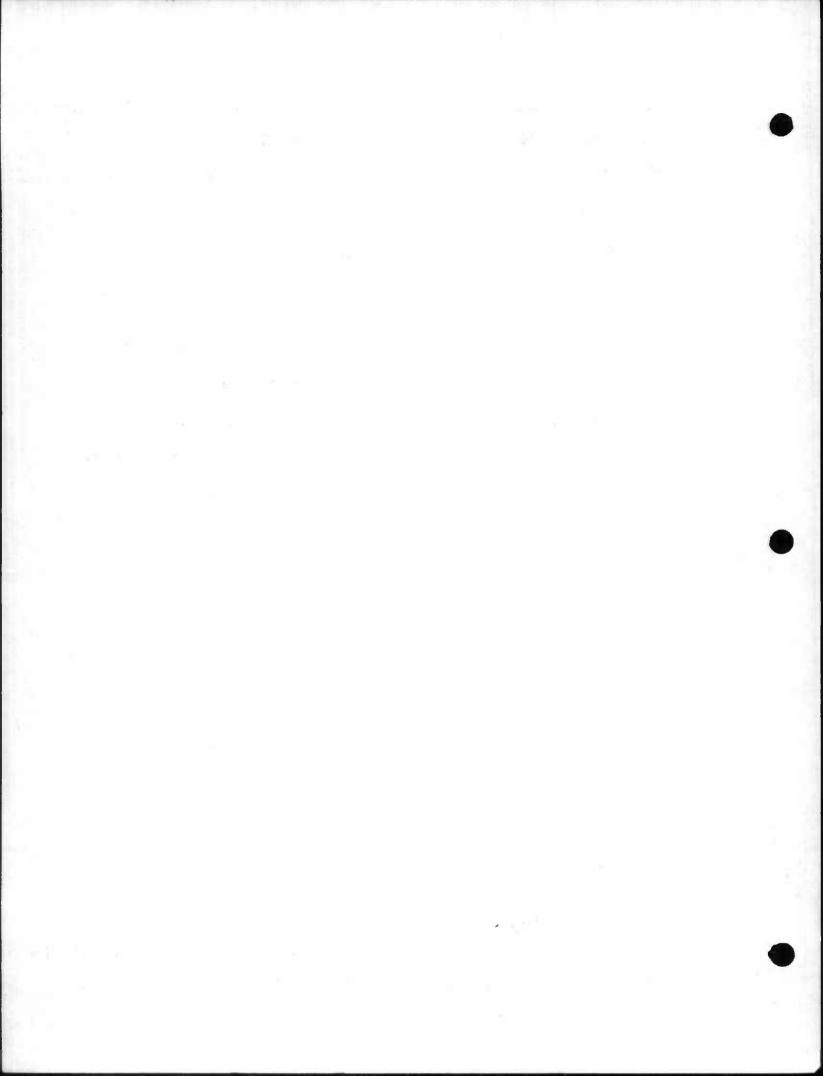
BALA S. DUGGIRALA, M.D., 9600 NORTH POINT ROAD, FORT HOWARD, MARYLAND 21052 31. Data filed (Month, Day, Year)

State Registrar

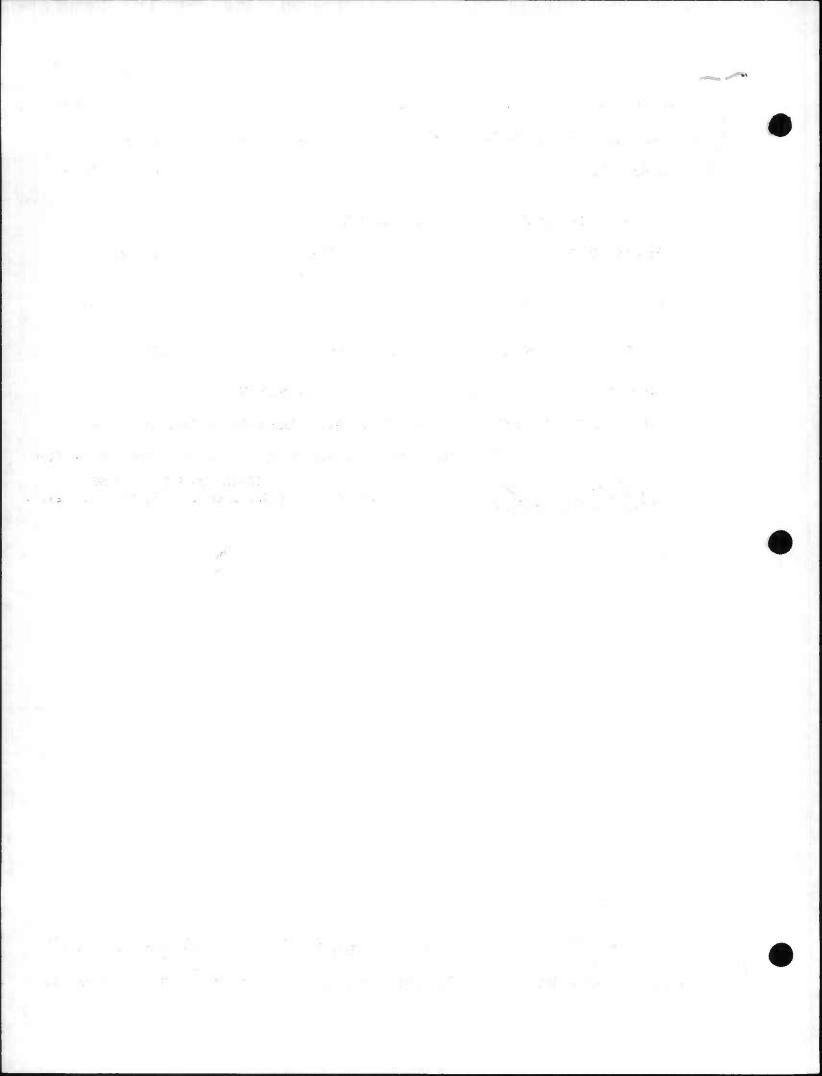
Medical



within 24 hours of the Funeral



	te.	-2		State of Mary		tificate of			Reg. No.) (4370
	Physic	an	1. Decedent's Neme (First, Middle, La	nst)	1.611.			2. Dete of De Month	eth Dey	Year	3. Time of Death
	/Medi	cal	BEATRICE	0	KELLY		4. 60. 7	morus	- 15	96	12:15AM
	Examir	ner	4e. Fecility Neme (If not institution, gh	WDEL	HOSPIT	AL	4b. City, Town, or	BHANIE	4c. County)	
	Funeral Director		Sociel Security Number 6. 9		rrs. last birthdey) Yrs.	If Under 1 Yeer Months Deys	If Under 24 Hrs Hours Min.		th (Year) 907	9. Birthp Coun GEC	lece (State or Foreign
	pur *_		Usuel Residence of Decedent 10e. Stete 10b. County	10c	City, Town or Loc	eation				11	0d. Inside City Limits
	Maryla febo	Po	MARYLAND ANNE AF		GLEN B					1"	1 ☐ Yes 2X No
	r 28a	Directo	10e. Street and Number		02211 2	10f. Zlp Code			10g. Citizen of V	/het Coun	try?
	23a c		404 KENT ROAD			210	60		U.S	. A .	
020	s 1 and 2 should be filed within 72 hours after death with the Maryland Health and Mental Hygiene. tem 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Evaninet must be notified at	by Funeral	11. Meritel Stetus 1 □ Never Merried 2 □ Married 3 ☑ Widowed 4 □ Divorced	12. Was Decedent Ever in Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Detes:		Ves Decedent of H Yes, specify Cubi	dispanic Origin? (S an, Mexican, Puerl Specify:	Specify Yes or No to Rican, etc.)		k, White,	etc.
5-0	72 hor		15. Decedent's E (Specify only highest gri	ducation	16a. Deced	ent's Usuel Occup	ation during most of wo	rkina	16b. Kind of Bu	siness/inc	lustry
21215-0020	within hen hen	Completed	Elementery/Secondery (0-12)	College (1-4or 5+) NONE	life. D	ONOT use retired	d)	nung	RETA	т т	
	should be filed with and Mental Hygiene. ie marked other than aumatic event, the M		17. Fether's Neme (First, Middle, Last		J.E.	ATOTRESS		ne (First, Middle	, Meiden Sumam		
ılan	Aental Aental rked tic ev	To Be	(UNKNOWN)	COX			(UNKNO	WN)			
Maryland	2 should and Meni ie marked		19e. Informent's Neme/Reletionship (19b. Meliln	g Address (Street	end Number or Re		er, City or Town,	State, Zip	Code)
	ges 1 and 2 t of Health If item 27 i or other tra		WILLIAM C. KELLY 20e. Method of Disposition				, GLEN B	URNIE, N	ARYLAND 20c. Location -		
nor	00 -		1 Buriel 2 Cremetion 3 □ 4 Donetion 5 Other (Specia	THemover from State	cemetery, crem	sition (Name of setory or other plea N MEMORT	AT. PARK				MARYLAND
Baltimore,	그들루를		21. Signature of Linerel Service Lice	**		Name end Addre			N FUNERAL		
Ö	Depariment in portion		96 May	2/.1.	1	SECOND A					AND 21061
c			23e. Pert1. Enter the disease, of comshock, or heart feilure. List only	plications that caused the done cause on each line.				-			Approximete Intervel Between
	Physician /Medical		Immediete Cause (Finei				A A =			i	Onset and Deeth
3	Examiner		diseese or condition resulting In deeth)	a. CON	4ESTIVE	= HE	ART SYN	FAILM	RE		
		ner		MAEF	O DYSPI	LASTIC	CYN	nanm	E	i	
	certificate be executed rding physician and use as the burial-transit	Examiner	Sequentially list conditions,	0.	o (or es a consequ	1	3				
,09	be ex ician s burial		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury	C							
68760,	g phys as the	edical	that initieted events resulting In death) Lest	Due to	o (or es e consequ	rence of):				į	
Box	attending for use a	ar/M	•	d,							
	the attended for u	Physician/M	Pert II. Other algniffcant conditions of	contributing to death but not	resulting in the un	derlying cause giv	ven in Pert f.	23b. Did	tobacco use con	tribute to	the cause of death?
P.0	es that the de igned by the a be detached (10	Yes 2 No	3 Prot	eably 4 Unknown
Records,	s been s s should	Completed by							an autopsy ormed?	600	ere autopsy findings alleble prior to appletion of cause death?
- R	0 - 0	Com						10	Yes 2 No	10	Yes all No
Vital	ician: Th certificate rector, pa	Be	25. Wes case referred to medical examiner?	Lineniteli.		0.11		eth (Check only	one)		
	100	: To	1 ☐ Yes 2 ☑ No 27. Menner of Deeth	Hospitel: 1 Inpatient 2 28e. Dete of Injury	ER/Outpetlent 28b. Time of		4 Li Nursing F		dence 6 Othe		1)
ion	1 N 1 S	ation	1 Netural 5 Pending 2 Accident investigatio	(Month, Dey Year) Injury	28c. Injur Wor M 1 🗆	k?` Yes 2 □ No				
Division of	at Or Affer of Directors and Directors	Certification:	3 Suicide 6 Could not be determined	28e. Plece of Injury - A building, etc. (Spe	t home, ferm, stre	et, factory, office		28f. Location (City or To	Street and Number wn, Stete)	er or Rura	l Route Number,
	Mospita 24 hours Funarral etely filled	edicai	29a. Certifier N Certifying Ph (Check only one) 2 ☐ Medical Exar	ysician: To the best of my ininer; On the basis of exam	knowledge, deeth Inetion end/or inv	occurred et the tir estigetion, in my o	me, dete end place pinion, deeth occu	, end due to the irred at the time,	ceuse(s) end ma dete end piece, a	nner as st ind due to	ated. the cause(s)
	To the Ho within 24 To the Fu complete	Med	29b. Signeture end title of certifier	end menner steted.	-	29c. Licens			29d. Dete signed		
	->-0		Arontu		MD	7043	1977		argun	15	1996
	10		30 Neme end address person who	completed cause of death (I	tem 23e) (Type, F	Print)	Gler	Part 1			
	1		Chyory OVETA		SPIFAL	BRUE	GUEP	JURN K	- mo -	2	1001.
	Sta Registr		31. Dete liled (Month, Dey, Year)	32. Registrer's 6	modele.						



State of Maryland / Department of Health and Mental Hygiene 06 21, 271

			1. Decedent's Name (First, Middle, La		Ce	rtificate o	f Death	2. Date of De	Reg. No.		3. Time of Death
	Physic /Medi		STA	NLEY	KAHNTROFI	r ·		AUGUS'I	14°,199	6 ^{Yeer}	8:10am
	Exami		4a. Facility Name (If not institution, giv	e street and number)			4b. City, Town, or	Location of Death	4c. County	of Death	
			2146 CHARLES H				BALTIMORE			IMOR	E
ı	Funeral Director	Г	213 10 1000	ex 7. Age XIM 2□ F	(In yrs. last birthday) 70 Yrs.	Months Dey			1,1925	9. Birth	place (State or Foreig YLAND
	and and		Usual Residence of Decedent 10a. Stete 10b. County		10c. Clty, Town or Lo	ocation					10d. Inside City Limit
	the Marylan r 28a-f show	Director		TIMORE		BALTIMOR					1 □ Yes 2X N
	th with		10e. Street and Number 2146 CHARLES HENR	Y LANE		10f. Zip Code	1209		10g. Citizen of US		nlry?
21215-0020	or ite	by Funeral	11. Maritai Status 1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorcad	12. Was Decedent Ev Armed Forces? 1 X Yes 2 → No If Yes, Give Year or Dates:	wer in U,S. 13.	Was Decadent of If Yes, specify Cu 1 ☐ Yes 2 🕱 N	f Hispenic Origin? (Suban, Mexican, Puer Specify:	Specify Yes or No to Rican, etc.)	Specif	ck, White,	ican Indien, , etc. HTTE
5-6	72 nat	Completed	15. Decedent's Ed (Specify only highest gra	lucation de completed)	(Give	dent's Usual Occ kind of work don	ne during most of wo	rking	16b. Kind of B	usiness/ir	ndustry
121	hen hen	mpi	Elementery/Secondery (0-12)	College (1-4or 5+) life.	DO NOT use reti	red)		יים דיים	STON	COMPANY
	many time to the	ပိ	9 17. Father's Name (First, Middle, Last)		PR	OPRIETOR		me (First, Middle,			COMPANI
Maryland	should be filed vand Mental Hygie marked other t	To Be	MORRIS		HNTROFF			FANNIE		M	IARKELL
	C/ 0 2 4		19a. informant's Name/Relationship (1 MRS. BARBARA KAHI)				et and Number or R ES HENRY I				
Baltimore,	00-		20a. Method of Disposition 3 □ 4 □ Donetion 5 □ Other (Specify			natory or other p	lace) CORP 8-1	Date 5-1996-	20c. Location	- 1	own, State
alti	permit. Peg Department Important: II any injury o		21. Signature of Funeral Service Licen		22	2. Name and Add	Iress of Fecility				
m	Dep Impo		1 hu All	$y \rightarrow y$			inson & Br sterstown			lo M	n 21208
	Physician		23a. Part1. Enter the disease, or companion or heart failure. List only	plications that parised the cause on the cause on the cause of the cau	e death. Do not ent	er the mode of d	ying, such as cardia	c or respiratory a	rest,	Le, r.	Approximate intervel Between Onset and Death
	/Medical	Н	Immediate Cause (Final disease or condition	LUN	L CF	NCE 1	_				5 MOP
	Examiner	L	resulting in death)	a. D	ue to (or es a consec	juence of):					5 1.00
2	nsit	nine		b						1	
ć	ertificate be executed ling physician end e es the buriel-transit	Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying	D	ue to (or as e consec	uence of):					
68760,	ate be nysicia he bui	cal	Cause (Disease or Injury that initiated events resulting in death) Last	C	ue to (or as a conseq	uenca ot):					
×	requires that the death certificate be executed seen signed by the ettending physician and should be deteched for use as the buriel-transit	/Medical	resulting in death) cast	d		,					
Bo	ettend for us	Physician/	Day II Othor significant and datas a								
0	thet the de ad by the deteched	hys	Part II. Other significant conditions co	ontributing to deeth but	not resulting in the u	nderlying cause (given in Pert I.	23b. Did 1		ntributa t	to the cause of death bably 4 □ Unknov
S, P	signed I	by P	CAN CHIL	OF	11014	the			20110	×10	Dady 4 Dilkilos
Records,	- AL (7)	Completed I						24a. Wes perfo	an autopsy med?	av	/ere eutopsy tindings reliable prior to empletion of cause death?
E E	The law ate hes page 2	E O						101	es No	11	☐Yes 2☐ No
Vital		Be (25. Was case reterred to medical examiner?				26. Place of Dea	ath (Check only o	ne)	1	
of	Physician: this certific ral director,	P_	1 ☐ Yes A No	Hospital: 1 Inpatient		I 3LI DUA	her: 4 Nursing h	lome 52 Resid	lence 6 □Oth	er (Specia	fy)
	D 0 0	ation:	27. Mannes of Death Satural 5 Pending Investigation	28e. Date of Injury (Month, Day)	28b. Time of Injury	W	uryet ork? □Yes 2□No	28d. Describe h	now injury occur	red	
Division	al or Atte	Certification:	3 Suicide 6 Could not be 4 Homicide determined	28e. Placa of injury building, etc.	y - At home, tarm, str (Specify)	eet, factory, office	8	28t. Location (S City or Tox		per or Run	al Route Number,
	To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the fun	edicai (29a. Certifier (Check only one) 1 Certifying Phy 2 Medical Exam	rsician: To the best of iner: On the basis of example and menner state	xamination end/or in	occurred at the restigetion, in my	time, date and place opinion, death occu	, and due to the orred at the time,	ceuse(s) and ma dete and placa,	anner as s and due to	itated. o the cause(s)
	To th To th	M	29b. Signature end title of cartifier	X nov		29c. Licer	nse number		29d. Date signe	d (Month,	Dey, Year)
	10	1	30. Name and address of person who	ompie ed cause ot dee	th (Item 23e) (Type,	Print)	JOHEOR		0/1	UK)
	Sta	te	31. Date filed (Month, Day, Year)	32. Regispar's	Signature a Davidson-M	WAS	Dr. Ou	per 1	nely	W.	71116
L	Registr	ar.	AUG 1 6	1996 Jul	a Davidson-M	anaeuc					

				State of Mary	land / [Department of Certificate			giene 9 Reg. No.	6 2	4372	
	Physici	an	1. Decedent's Neme (First, Middle, Last					2. Dete of Dee	oth Dey	10-1	. Time of Death	
Ļ	/Medi		HERMAN S.	Levin	15			AUG		796	2:30 PM	
À	Examir	ner	4e. Facility Neme (If not institution, give	street end number)				Location of Deeth	4c. County			
			LEVINDALE 5. Social Security Number 6. Se	7 Acc //c	um lant his	thdev) If Under 1 Y	BALTI /ear If Under 24 Hrs			/A	(0)-1	
	Funeral Director			XM 2□ F 7. Age (III	yrs. last bir 83		eys Hours Min		,1912	CONNE	e (Stete or Foreign ECTICUT	
	e Meryland ta-f ehow tried at	ctor	10e. Stete 10b. County MARYLAND N/A	100	: City, Tow	n or Location	TIMORE			10d.	Inside City Limits TX Yes 2 No	
	or 28	Dire	10e. Street end Number			10f. Zip Co	de		10g. Citizen of What Country?			
	eth w	ral	5715 PARK HEIGHTS				21215		US			
020	s 1 and 2 should be filed within 72 hours efter deeth with the Menjand Health end Mentel hygiene. tem 27 le marked other than "natural", or items 23s or 28=4 show other traumatic event, the Medical Examinet mail be notified at	by Funeral Director	11. Marite! Stetus 1 □ Never Merried 2 □ Merried 3 □ Widowed 4 □ Divorced	12. Wes Decedent Ever Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes:	in U,S.		of Hispenic Origin? (: Cuban, Mexican, Pue No <i>Specify:</i>	Specify Yes or No- rto Rican, etc.)	14. Rec Ble Specif	ce - American ck, White, atc.		
2-0	n 72 hours "natural", eoical Exa	ted	15. Decedent's Edu		16a.	Decedent's Usuel O	ccupation lone during most of we	dia	16b. Kind of B	usiness/Indus	try	
21215-0020	d within plane.	Completed	(Specify only highest grad	College (1-4or 5+)		life. DO NOT use n	etired)	жиц	WILSO	N DAIR	ES	
9	be filed ntel Hygi- d other event, ii	Bec	17. Father's Neme (First, Middle, Last)				18. Mother's Ne	18. Mother's Neme (First, Middle, Meiden Sumeme)				
yla	should b nd Ment marked urnetice	To	NATHAN		LE	VINE		ROSE	UN	UNAVAILABLE		
e, Maryland 1 and 2 should be file feath and Mentel Hy m 27 is marked othe ther traumatic event,			19a. Informant's Neme/Reletionship (TyMR. JEROME M. LEVI		19b		treet end Number or F PLANTATION					
Baltimore,	8 = 5		20e. Method of Disposition 1		cemeter	Disposition (Neme of the control of	r plece)	Date 8-15-1996	20c. Location			
Ball	permit. Pa Departmen Important any injury otice.		21. Signature of Funeral Service Licens Cuy	Lewi	deeth. Dor	Sol 8900 Re:	ddress of Fecility Levinson isterstown dylng, such es cerdia	Road Pik	esville	Ap	proximete ervel Between	
	Physician /Medical Examiner		Immediate Cause (Finel disease or condition	Ceres	rova	scular	Acci	dent			v K S	
		ner	resulting in death)			consequence of):						
oʻ	ate be executed hysician end the burial-transit	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying	Due	to (or es e	consequence of):						
ox 68760,	leeth certificate by attending physici I for use as the bu	n/Medical	Cause (Disease or Injury that initieted events resulting in death) Last	Due 1	o (or es e o	consequence of):						
O. Box	deeth atter	iciai	Pert II. Other significant conditions cor	tributing to death but not	resulting in	the underlying caus	e riven in Part I	23h Did t	obacco usa co	atribute to th	e cause of death	
0	requires that the deeth certificates signed by the attending planted be deteched for use as to	by Physician/M	Covenary or	1			o givan ii i oiti.		/ss 2□ No			
Records,	× 50 ×	Completed b						24e. Wes a		availa	autopsy findings ble prior to etion of ceuse th?	
	0 - 0	Com						1 🗆 Y	es 2 No	1 🗆 Y	es 2 No	
<u>I</u>	ysician: The s certificate director, pag	Be	25. Wes cese referred to medicel examiner?				26. Plece of De	eth (Check only o	ne)			
of Vital	Physician: r this certific and director,	_C	1 ☐ Yes 2 ☐ No		2 ER/Ou			Home 5 Resid	ence 6 □Ot/	ner (Specify)		
	After fune	Certification:	27. Manner of Deeth 1 ☐ Maturel 5 ☐ Pending 2 ☐ Accident Investigation	28e. Dete of Injury (Month, Dey Yea		rime of 28c.	Injury et Work? 1 ☐ Yes 2 ☐ No	28d. Describe h	ow Injury occur	red		
Division	UNISION Hospital or Attend 4 hours aftar deat Funeral Director: laly filled in by the		3 Suicide 6 Could not be determined	28e. Plece of Injury - building, etc. (Sp	At home, fe	rm, street, fectory, of	fice	28f. Location (S City or Tow	itreet and Numi n, Stete)	ber or Rural R	oute Number,	
	n 24 hours in Europeital	edical	29a. Certifier (Check only one) 1 ☐ Cartifying Phys	olcian: To the best of my ner: On the basis of exer end menner steted.	knowledge ninetion en	, deeth occurred et the discrete discre	ne time, dete end plea my opinion, deeth occ	e, end due to the durred et the time, d	euse(s) and m dete and piece,	enner es stete end due to the	d. e ceuse(s)	
	E)	29b. Signeture end title of certifier MacHeul 7	woldow,	5 m		45757		Tug 1			
	2		30. Name and address of person who co	mpleted cause of death	(Item 23a) (Type, Print) W. BLL	45757 e pere	BAUTIN	40 2	1215		

Registrar

(E).

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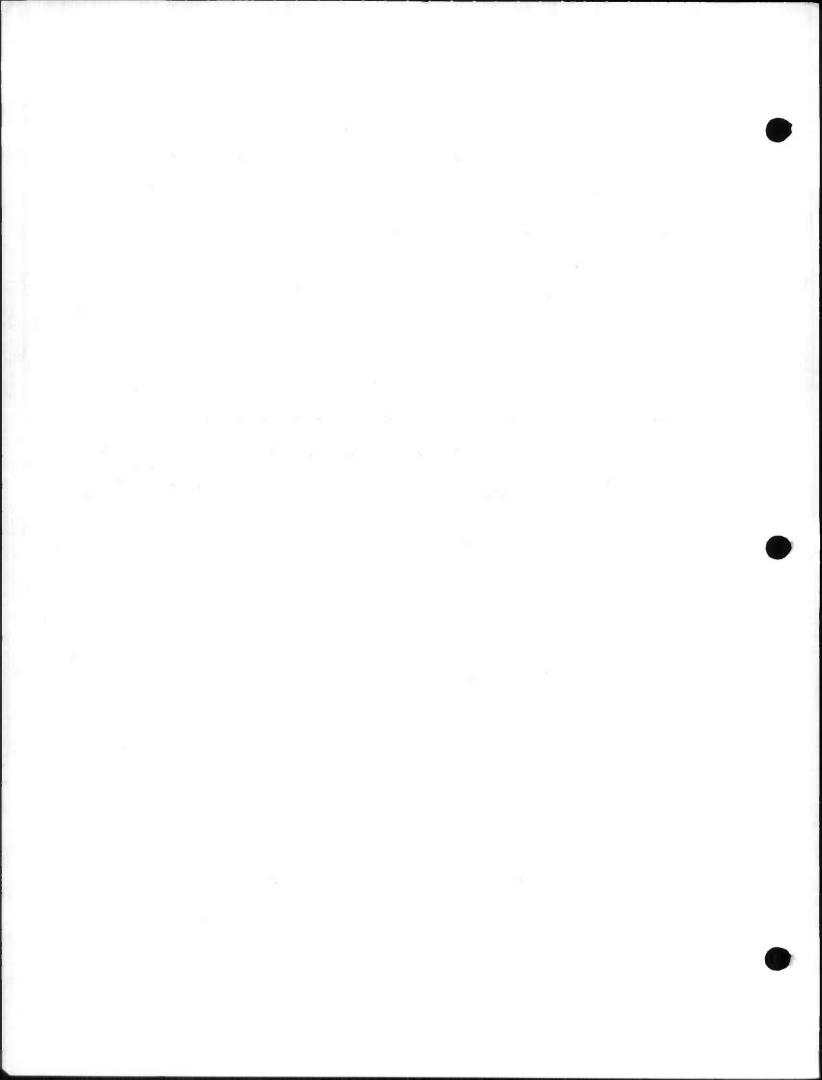
TO BE COMPLETED BY FUNERAL DIRECTOR

	3 should		
	2		
	Pages 1		
r attending prysician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page S should be detached for use as the burial-transit permit. Pages 1, 2, 3 sho		
YSICIAN: The Taw requires that the death certificate be executed within 24 hours after team. Tage o may be retained by the hospital of attending	hould be detached for		Had at once
nay be rete	r, page S si		ton not be
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te de executed within	sician and completely	ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	in as item 22 shows any injury or other transmission the medical eventings must be malified at once
Death Cerunca	attending phy	ental Hygiene	or other
ares that the	signed by the	Health and Mi	we any infe
lne law requ	e has been	te Dept. of	om 22 cho
HYSICIAN	his certifical	with the Sta	- 4
ENDING P	DR: After til	within 72 hours after death v	of in march
GK A	DIRECT	YOURS &	Same of
HESSIAL.	FUMERAL	Willin 72 I	PRANT. 14 Horn 29
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

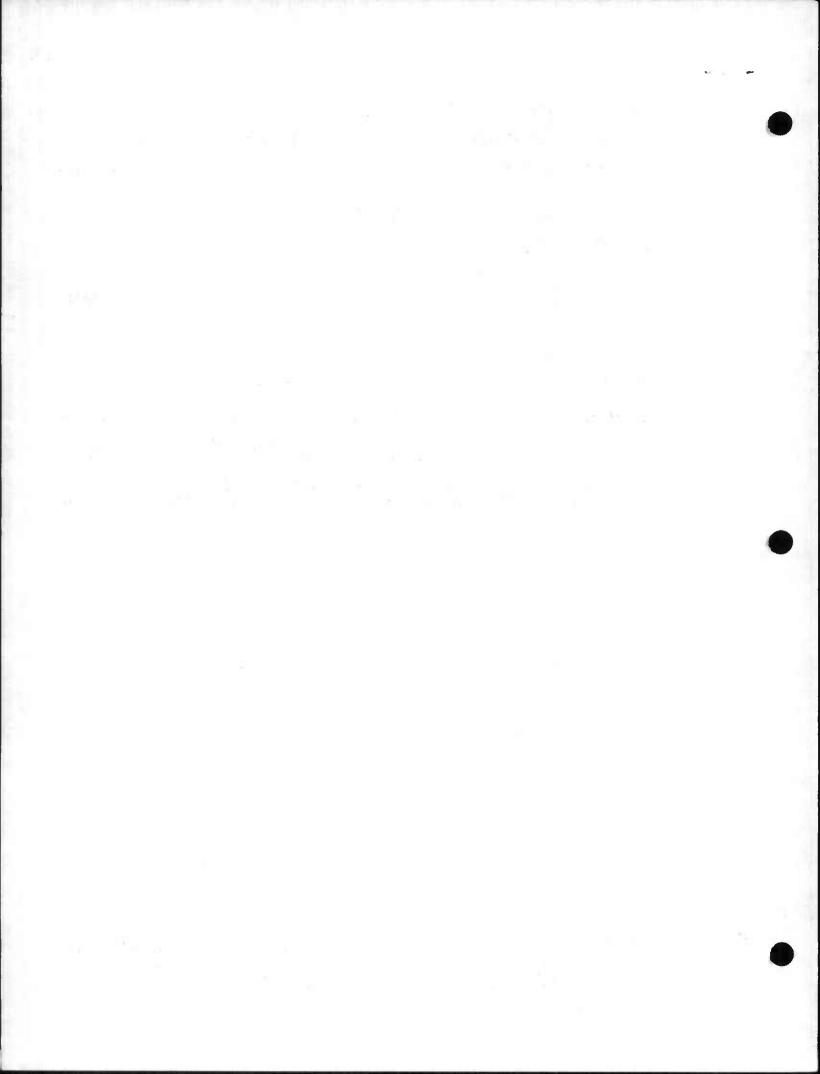
FOR 1 - STATE REGISTRAR		STATE OF MA		DEPART					MENTA	L HYGIEN				
1. DECEDENT'S NAME (First							JEA.		MONT	OF DEATH	MY	YEAR	-	E OF DEATH
HENRY 4. SOCIAL SECURITY NUMBER		ene		NGEN						UST	15,1			:50 A. M
218-26-3019		5. SEX 6	AGE (In yrs. la	-	MONTHS D		# UNDER	MIN.	May	OF BIRTH 0.000 (2007)	.925		rylace Yyla	(State or Foreign and
9e. FACILITY NAME (If not in	natitution, give str	reet end number)			9b. CITY, TO	OWN OR	LOCATIO	ON OF D	EATH			INTY OF D		
Stella Mar					Tows	on					Ba	ltimo	ore	
RESIDENCE OF DEC	10b. COUNTY			10c, CITY	TOWN OR	LOCATIO	ON	ü					104.0	ISIDE CITY
Md.	Balti	more			moniu								L	MITS? YES 2 1 NO
100. STREET AND NUMBER 2 Belden	Ct.					10f. 3	210				10g. CI1	IZEN OF	WHAT C	DUNTRY?
11. MARITAL STATUS		12. WAS DECEDENT (13. WA:	S DECE	NDENT O	F HISPA	NIC ORIGII	1? (Specify Ye	e or No —	14. RAC	E — Am	ericen Indian,
1 Never Married 2 3	_	FORCES? 1 X	YES 2 [NO	If y	es, spec		n, Mexico	n, Puerto	Rican, etc.)		Blac	k, White	, etc.
3 Widowed 4 Divo	orced		WW II		T _{to}		-4.	·					V	Thite
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Elementary/Secondary (t	0-12)	College (1-4 or 5+)		elf E	e retired.) Imploy	ha.			Ι,	Busine	22 O	mer		
			56	SIL E	wrbroð	eu						MIIET		
17. FATHER'S NAME (First, M. John	_	George	T. =	ngenf	alder	.	18. MOTH		AME (First,	Middle, Maider	n Surneme)	ηŋ	homa	s
		eorge							_				101110	
Nancy Lee I		elder	11							Md. 2		(p Code)		
		erder												
20e. METHOD OF DISPOSIT 1 Burlel 2 Cremetic	on 3 🗆 Remo	oval from State		rematory or of				0 1	7 O.6	E 20c. L	MONTO			de
4 Donation 5 Other 21. SIGNATURE OF FUNERA		ENCE	HIII	top S					7-96		Tows			
· KX	1 6	2	_		22. NA	ME ANL	F	Ruck LO50	Yor	son Fu k Rd.	inera Tows	l Horon, l	me, Md.	Inc. 21204
23. PART I. Enter the d	Iseasee, or c	omplications that	sused the d	leath. Do n	ot enter th	e mod	e of dyl	ng, suc	ch as car	diac or reas	oiratory a	rrest,		Approximate
ahock, or h IMMEDIATE CAUSE (Fig	eert fallure. I	List only one ceuse	on each lin	ie.										nterval Between Onset and Death
disease or condition		MULT	PLE	MY	626	me	7						į,	Burs
resulting in death)	,		AS A CONS											1,
Sequentially list condit if any, leading to imme		DUE TO (O	R AS A CONSI	EQUENCE OF	·):									
cause. Enter UNDERLY CAUSE (Disease or Inju														
that initieted eventa resulting in deeth) LAS		DUE TO (O	R AS A CONSI	EOUENCE OF	7):									
resolving in decitif End		d											-	
PART II. Other significa	ent condition	e contributing to d	eth but not	recuiting i	n the unde	erlying	ceuee (given in	Part I.	24a. WAS A	N AUTOPSY	24	b. WERE	AUTOPSY FINDINGS
andstar	e L	ing dis	ease	_						PERFO	RMED?			BLE PRIOR TO LETION DF CAUSE
	8									I U TES	2 1 110		OF DE	ATH? res 2 \(\) NO
DID TOBACCO U	JSE CONTR	RIBUTE TO CAU	SE OF DE	ATH YE	S D N	o KI	UNC	ERTAI	ΝП					2 1 10
25. WAS CASE REFERRED T				ACE OF DEAT										
EXAMINER? t ☐ YES 2√1 NO		HOSPITAL:	R/Outpetlant	3 DOA	OTHER:	o Home	8 🗆 Re	sidence	aX Oth	er (Specify)	Hosp	ice		
27, MANNER OF DEATH		28e. DATE DF IN	JURY	28b. TIMI	E OF 2	8c. INJU	RY AT			SCRIBE HOW	-			
	Pending Investigation	(Month, Day,	rear)	INJ	URY M	1 Y	ES 2	NO						
2 Accident 3 Suicide	Could not be	28s. PLACE OF	NJURY — At h	nome, 1erm, s	treet, factor	y, office			281. LO	CATION (Street	end Numb	er or Rural	Route N	umber,
4 Homicide	detarmined	building, et	ь. (эрвспу)						City	or Town, State	9)			
290. CERTIFIER 1 CER	TIFYING PHYSI	CIAN: To the best of m	y knowledge 4	death occurre	d at the time	e, dete s	nd place	, and du	e to the ce	use(s) and m	anner se «	ated.		
ann)		R: On the basie of axe											(s) and n	nanner ee stated.
29b. SIGNATURE AND TITLE							29c. LICI							
Donda	00 /	Dance C	Sa	1110			7	DE NO	700	. 2	290. 0/	8/1	Month	, Day, Year)
30. NAME AND ADDRESS O	OF PERSON WHI	O COMPLETED CALISE	OF DEATH /IT	EM 27) /5/00	Print)		<u>U</u>		707			-11	> 1	10
						***		,		motre	NAT .	M	21	204
DR . KENDA 31, DATE FILED (Month, Day,	77.	ULKNER 37 REGISTRAR	2300 s signature	ATOU	NEY	VAI	ılı E Y	RI	1.	TOWS	JIV ,	MD	41	204
AUG 16		Silva Dav	dson-Ro	ndelle										



24374 State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middla, Last) 2. Data of Death 3 Time of Death **Physician** McQuaid 1.35am Naomi Freida 15 tua /Medical 4a. Facility Nama (If not Institution, giva straet and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Howard County General Hospital Columbia Howard If Undar 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Numbar 7. Aga (In yrs. last birthdey) If Undar 1 Yaar 6. Sex Birthplece (State or Foreign Country) **Funeral** 1□M 2⊠F Months Deys 218-32-3397 86 Yrs. Director Dec. 24,1909 Maryland Usual Residence of Decedent death with the Maryland 10e Steta 10b County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23s or 28s-f show other traumstic event, the Modical Examiner must be notified at Md. Howard Ellicott City 1 Yes 2 XNo Director 10e. Street end Numb 9424 Til 10g. Citizen of What Country? 10f. Zlp Code Tiller Drive 21042 U.S.A. Funeral permit. Pages 1 and 2 should be filed within 72 hours after deal Department of Health and Mental Hyglene. Important: If item 27 is marked other than "natural". ~ income any injury or other traumatic even. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ᠫ No If Yes, Give Yeer or Detes: Wes Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 11. Maritai Status 14. Race - American Indian, Bleck, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yas 20 No Specify: Specify: White ģ 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 Secretary Business Form Co. 17. Fether's Nema (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumema) Henry Winter Unknown 19e. tnforment's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Tiller Drive Ellicott City, Maryland Philip McQuaid (Son) 21042 20b. Plece of Disposition (Name of cematary, cremetory or other Accounts 17, 1996 20e. Method of Disposition 20c. Location - City or Town, Stata 1 Burial 2 ☐ Cremetion 3 ☐ Removei from Stete Baltimore, Maryland Loudon Park Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Facility
Witzke Funeral Home, Inc. 21. Signeture of Eunoral Septice Licenses 1630 Edmondson Avenue Catonsville, Maryland 23e. Part1. Enter the disasse, or complications that cauled the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heer fellure. List only one cause on each light Approximete tnterval Between Onset and Death **Physician** Immediate Cause (Finai disease or conditton resulting in death) /Medicai Phlumoma Examiner Due to (or es a consequence of). Examiner physician and the burial-transit death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury Physician/Medical that initiated events rasulting in death) Lest Due to (or es e consequance of): 8 950 ò P.0. Pert tl. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? be detached signed by 1 Yee 2 No 3 Probably 4 Unknown Division of Vital Records, by 24b. Were eutopsy findings 24a. Wes an autopsy performed? Completed available prior to completion of cause of death? certificata has 1 Yes 2 No 1 Yes 2 No Be 25. Was casa referred to medical 26. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 20 No 2 ER/Outpatient 3 DOA 70 1 Inpatient 量 28a. Dete of Injury (Month, Dey Year) 27. Manner of Death 28d. Describe how injury occurred 28c. Injury et Work? Certification: 1 Neturel 5 Pending Investigation 1 Yes 2 No 2 Accident if or Atland after death Director: / 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 3 ☐ Suicide 28e. Piece of Injury - At homa, ferm, street, fectory, offica building, etc. (Specify) B 4 - Homicide the Hospital Jin 24 hours a The Funeral 1S Certifying Physician: To the best of my knowledge, deeth occurred et the time, deta end plece, and due to the cause(s) end manner es stated.
2 Medical Examiner: On tha basis of axamination and/or invastigation, in my opinion, deeth occurred at the tima, dete end place, and dua to the cause(s) end manner stated. 29a. Certifier Medical (Check only one) 29d. Data signed (Month, Day, Year) 29b. Signatura end title of certifiar 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 9501 Old Anna polis Rd Suite a Ellicott City, MD 21042 Suite200 31. Dete filed (Month, Dey, Year) 32. Registrar's Signature

State · Registrar

AUG 16 1996



THE MARRAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flow death. Page 6 may be retained by the hospital or attending physician.

In the MARRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be attended with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IN PRITANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

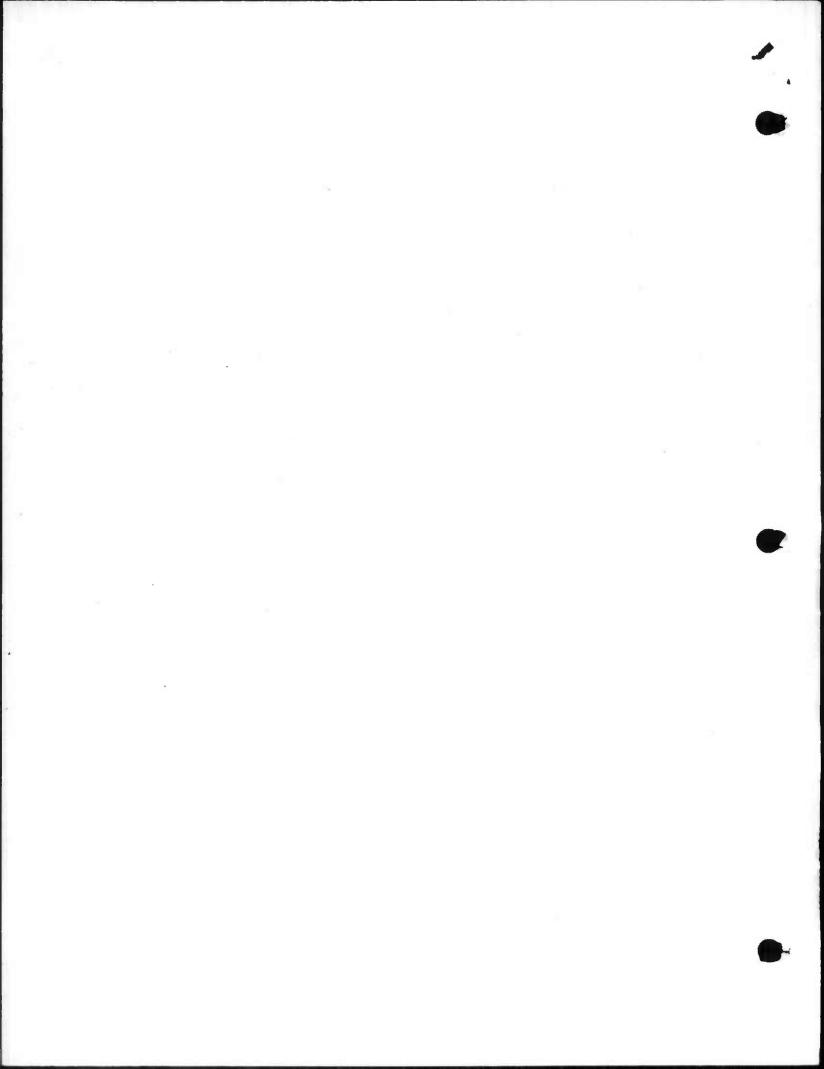
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

\neg		RECEDENT'S NAME (Clin) Middle Local)															
	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH																
	4. SOCIAL SECURITY NUMBER	, , , ,	GUI	1 /	-AN						99611:37 Pm						
	721-01-0714				(In yrs. lest birthday) 7() YRS.		IF UNDER 1 YEAR MONTHS DAYS		MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country		HPLACE (State or Foreign			
		_				March 24,1926			Pennsylvania								
œ	Be. FACILITY NAME (If not in:			OR LOCAT	ION OF DE	ATH		9c. COUNTY OF DEATH									
DIRECTOR	Howard Coun		eral Hos	pitai		1	Colum	bia				Но	ward				
<u></u>	10a. STATE	TY, TOW	TOWN OR LOCATION 10d. INSIDE C							10d. INSIDE CITY							
	Maryland	Prin	ce Georg	L.	aure	urel						LIMITS? 1 ☐ YES 2 📉 NO					
A	100. STREET AND NUMBER				10	of. ZIP COD	E			10g. CITI	IZEN OF	WHAT COUNTRY?					
BY FUNERAL	7011 Redmil	es Roa	d			2070)7			US	A						
ا ۾	11. MARITAL STATUS	1	3. WAS DE	CENDENT (OF HISPAN	IIC ORIGIN? (Spe	cify Yes o	r No-	14. RAC	E — American Indian, k, White, etc.							
∑ ا	1 Never Married 2 X	2 NO ES			S 2 NO		n, Puerto Rican, e	HC.)	Spec								
		EDENT'S EDUC	1944 -				4										
COMPLETED	(Specify only	highest grade	completed)		6a. DECEDENT': (Give kind of life. Do NOT	work do	ne durina m	ost of worki	ng	16b, KIND	2.5						
7	Elementary/Secondary (0- 12		College (1-4 or 5 -	· .			1 Director			US Govern			mont				
S	17. FATHER'S NAME (First, MI				1010011	ICI				NAME (First, Middle, Maiden Surname)			ment				
	John J. McG	uigan					Rosemary Fagan										
BE	19a. INFORMANT'S NAME (7)				19b. MAILIN	G ADDRI	ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
임	Elizabeth M	. McGu	igan/Wif	e						Laurel,				20707			
	20e. METHOD OF DISPOSITI	ON S S	-14	20b. PI	LACE AND DATE	OFDISP	OSITION (N							own, State			
į	4 Donation 5 Other	(Specify)			te of			emete	ery	8/16	Si1	ver	Spr	ing. MD			
į	21, SIGNATURE OF UNERAL	2	22. NAME AND ADDRESS OF FACILITY														
	•\ K	Fleck Funeral Home, Inc. 7601 Sandy Spring Road, Laurel, MD 20707															
	23. PART I. Enter the di	seesea, or c	omplicatione the	t caused t	he deeth. Do	not ent	er the me	ode of dv	Ing. auci	Dring F	DEO.	tory arr	ure l	Approximate			
1	ahock, or he	eart fallure. L	lat only one ceu	se on eac	h line.							A	0	Interval Batween			
	IMMEDIATE CAUSE (Final disease or condition)																
	resulting in death) DUE TO (ON AS A CONSEQUENCE OF):																
z		Soler Carolin was bookh															
은	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):																
HTIFICATION																	
		d									-			1			
SAL	PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS																
										PERFORMED?			AVAILABLE PRIOR TO COMPLETION OF CAUSE				
											OF DEATH?						
z I	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN X																
5	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)																
PHYSICIAN:	EXAMMER? 1 YES 2 NO 1																
E	27. MANNER OF BEATH 1 Natural 5 F		26a. DATE OF (Month, D.		28b. Till IN	AE OF	28c. IN.	JURY AT ORK?		28d. DESCRIBE	HOW INJ	URY OCC	CURED				
2	1 Matural 5 N	السي	1 VES 2 NO														
2	3 Suicide 6 0	street, fo	actory, offic	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)													
1	4 Noticide Galarmined																
Ę	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated, one)																
COMPLETED	MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.																
20	296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Play, Year)																
5	KIRAN J. TARIKH, MITENDING D 26830 8/13/96																
	30. NAME AND ADDRESS OF	10. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)															
	1. DATE FILED (Month, Day, 19ar) 3.32. REGISTRAR'S SIGNATURE.																
	AUG 16 1996	ear)	2 DEGISTRA	AND TONE	Lette							1		7/1-7			
	WOUT 0 1000	U															



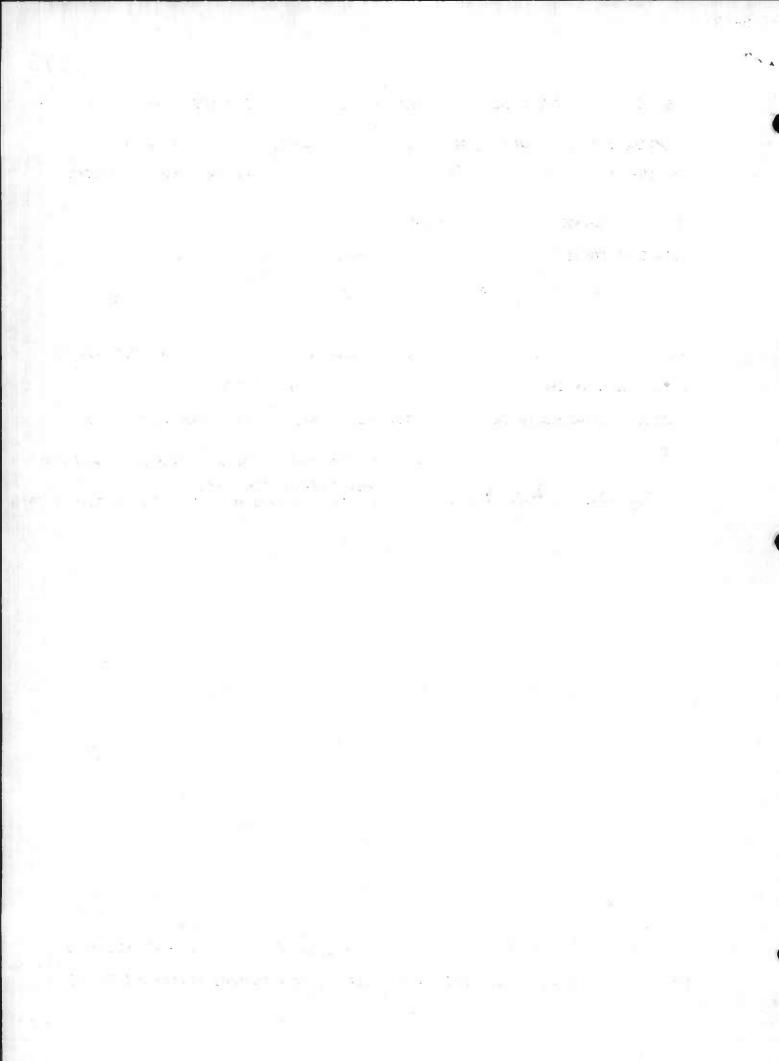
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Dep	artment	01	Healt	n and	Mental	Hygiene
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Phy	sicia		Decedent's Name (First, M. Decedent's Name (First, M		,		1400		2. Dete of I	Deeth	eeth		3. Time of Deeth			
- /M	edica	i -	BRUCE MARSHALL				MOOREHEAD			4 0'4 T						
) Exa	ımine	r	4e. Fecility Neme (If not insti		4b. City, Town, o				Location of De-		4c. County of Deeth					
Fune	erai	1	RAMADA INN 5. Sociel Security Number	6. S	ex 7. i	NGTON Age (In yrs. le	st birthday) If Under 1 Year If Under 24 Hi			if Under 24 Hrs		HOWARD Birth 9. Birth			plece (Stete or Foreig	
Direc			267-50-3849 Usuel Residence of Deceder		∑ M 2□ F	60	Yrs. Months Deys		Deys	Hours Min.	JAN 14	, 19	1936 MICHI		HIGAN	
arylar		_ 1	10a. State 10b. Co							10d. Inside City Limits 1 ☐ Yes 2√☐ No						
the M		K	MD HOW 10e. Street end Number	HOWARD				LAUREL								
as or		5	9314 DALY COU	RT			10f. Zip Code 20723					10g. C	Whet Cou	ntry7		
death		E -	11. Maritel Status	12. Wes Deceder				acedent of Hispenic Origin? (Specify Yes or specify Cuben, Mexican, Puerto Rican, etc.)								
be filed within 72 hours after death with the Maryland ntal Hygiene. ** ** ** ** ** ** ** ** ** ** ** ** **		2	_	1 ☐ Never Married ② Married 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes:			1 ☐ Yes 2 No Specify:					Specify: WHITI				
natu		Completed	15. Decadent's Education (Specify only highest grede completed)				16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired)						Kind of B	nd of Business/Industry		
be filed within 72 (al Hygiene.			Elementery/Secondery (0-12	2)	College (1-4o	or 5+)						1.711	OLEC	AT TO 1	BBODUCE	
Hygi			17. Fether's Neme (First, Mid	φ		OWI	OWNER/MANAGER 18. Mother's New			ne (First, Midd		HOLESALE PRODUCE				
should be filed nd Mental Hygi marked other	9	0	DALLAS L. MOOREHEAD				SARAH BROWN									
2 8 8			19a. Informent's Neme/Relation JANICE L. MOC		19b. Meiling Address (Street end Number or Rurel Route Number, 9314 DALY COURT, LAUREL, MA						or, City or Town, State, Zip Code) ARYLAND 20723					
of Health item 27		1	20e. Method of Disposition			20.5	20b. Plece of Disposition (Name of cemetery, cremetery or other place,			(e)	Dete	Dete 20c.		c. Location - City or Town, Stete		
Pagement:			1 ☐ Burial 2 ☐ Cremet 4 ☐ Donetion 5 ☐ Othe			le		PARK	8/15	8/15 COLUMBIA, MARYLAN			MARYLAND			
permit. Pages 1 and Department of Health Important: If item 27 any Injury or other tr	ouce.		21. Signature of Funeral Sen	rica Lican	See A		22	Neme end A								
0050	a		23a. Pert1. Enter the disees shock, or heert feilure.	_ (الدينوا	$\overline{}$		7601 S	SAN	DY SPRIN	G ROAD,	LAU	REL,	MAR	YLAND 2070	
certificate be executed to an ording physician and see as the burta-transit	dical Evaminar	The state of the s	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that Initiated events resulting in death) Lest Due to (or es e consequence of): Due to (or es e consequence of):													
nding p	2				d											
of the for	iciar		Pert II. Other elgoificent con	ditione co	ntributing to death	but not reculti	of resulting in the underlying cause given in Post I						23b. Did tobacco use contributs to the cause of death			
gried by the ob be detached	H A		Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributing to deeth but not resulting in the underlying cause given in Pert I.										. /			
w requin been s should	leted					A STATE OF THE STA					24e. Wes en eutopsy performed?		24b. Were autopsy findings evelleble prior to completion of cause			
The last attention to the same than the same to the sa	omo											1 € Yes 2 □ No		of deeth?		
diffical stor, p	Bac		25. Wes case referred to med	lical						26. Piece of Dec					2 100	
hysic his co	To		exeminer? 157 Yes 2 No Hospitel: 1 Inpatient 2 ER/Outpetlent 3 DOA Other: 4 Nursing Home 5 Residence 6 ft								6 ZOth	er (Specil	y) MOTEL			
anding P. sath. or: After the	Certification:	2	77. Menner of Deeth 1 PNeturei 5 Pe 2 Accident Inv	28e. Dete of in (Month, D	jury Jey Year)	28b. Time of Injury Mork? 28c. Injury et Work? 1 28d. Describe N						how injury occurred				
al or Att	Certific			uld not be ermined	28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Numb. City or Town, Stete)						er or Rural Route Number,					
he Hospit in 24 hour he Funera pletely fills	edical		29a. Certifier 1☐ Certi (Check only one) 1☐ Certi	lying Phy cai Exam	sician: To the besing. Inar: On the basis and menner s	of exeminetion	dge, deeth end/or inv	occurred et ti vestigation, in	he tin	e, dete end pleca pinion, death occu	, end due to the rred et the time	e cause(s e, dete en	s) end me id pleca,	enner es s and due to	teted. the cause(s)	
Ton	Ž	29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Date of Continue) 29d. Date signed (Month, Date of Continue) 29d. Date signed (Month, Date of Continue)														
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	State istrar	3	11. Dete filed (Month, Dey, Ye	10 r)	32. Regis	trer's Signetur	600									
riegi	cer		AUG 1 6 1996	-	2 10		32-20									

DHMH 16 Rev 6/95



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. ITEN: 18. PER F'. H. F'ILM G-738 State of Maryland / Department of Health and Mental Hygiene 8/21/96 t.t Certificate of Death 1. Decedant's Nama (First Middle Last) 2. Data of Daath 3. Time of Death AUGUST 12,1996 **Physician** HOWARD MARTIN MARGOLIN 8:30am /Medical 4a. Facility Nema (If not institution, give straat and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner 6230 BERKELEY AVE. BALTIMORE N/A 5. Social Security Number if Undar 1 Yaar if Under 24 Hrs. 8. Date of Birth (Month, Day, Yaar) MAY 28,1929 7. Aga (In yrs. last birthday) 9. Birthplace (Stata or Foraign **Funeral** Deys 1₽M 2□ F 67 Vrs Director 218-22-3264 MARYLAND Usual Residence of Dacadant the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 23a or 28a-f show MARYLAND N/A BALTIMORE 1 XYas 2 No Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of Whet Country? 6230 BERKELEY AVE. USA 21209 Funeral filed within 72 hours after death "natural", or items 12. Was Decadant Evar in U.S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 14. Raca - American Indien, Black, Whita, etc. 1 ☐ Never Married 2 Married ∏Yas 2∏rNo fYas, Give Yaar or Dates: 21215-0020 1 ☐ Yas 2 No Specify: Completed by 3 ☐ Widowed 4 ☐ Divorced Specify WHITE the Medical 16a. Decedant's Usuat Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highast grada completed) nd Mental Hygiene. marked other than Elementery/Secondary (0-12) College (1-4or 5+) 12 SALES AUTO PARTS traumatic event, Baltimore, Maryland 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middle, Meidan Sumama) Be Pages 1 and 2 should be 1 nent of Health and Mental PHILIP TRENE SOPHIE MARGOLIN HANDEN 19e. Informant's Name/Ralationship (Typa, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) 60 or other train MRS. IRENE MARGOLIN (WIFE) 6230 BERKELEY AVE. BALTIMORE, MD 21209 20a. Mathod of Disposition 20b. Place of Disposition (Nama of camatary, crematory or other place) 20c. Location - City or Town, Stata Date 1 Buriat 2 Cramation 3 Ramoval from State Department of important: If any injury or 8-14-1996 BALTIMORE, MD HEBREW FRIENDSHIP 4 □ Donation 5 □ Other (Specify) 21. Signature of Farin 22. Neme end Addrass of Facility Sol Levinson & Bros., Inc. 8900 Reisterstown Road Pikesville, MD 21208 23a art1. Enter the disease of conflications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each tine. Approximeta Interval Between Onsat and Death Physician /Medical tmmadlate Causa (Final disaase or condition resulting in death) Examiner Due to (or as a consequence of): The law requires that the death certificate be executed the burial-transit Sequantially list conditions, if any, laading to immadiate causa. Enter Undarlying Causa (Disaase or injury that initieted evants rasulting in deeth) Last Due to (or as a consequence of) P.O. Box 68760, Physician/Medical Due to (or as a consequence of) USB as Pert tt. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part t. 23b. Did tobacco use contribute to the cause of death?

signed by the þ Completed page 2 Be To funeral Medical Certification: after death.

Director: Aft
d in by the fur

has

certificate

this

After

Division of Vital Records,

or Attending Physician:

Hospital 24 hours a

fother of the

Yee 2□ No 3□ Probably 4□ Unknown 24a. Wes an autopsy parformad? 1 Yas

24b. Wara autopsy findings available prior to completion of cause of death? 1 ☐ Yas 2 ☐ No

25. Was casa rafarred to medicat 28. Place of Deeth (Chack only ona) axaminar Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yes 1 Inpatiant 2 ER/Outpatient 3 DOA 27. Manner of Dec 28a. Data of tnjury (Month, Dey Year) 28d. Describe how injury occurred 28b. Tima of 28c. injury at Work? 5 Panding invastigation atural 1 Yas 2 No 2 Accident 3 Sulcide 6 Could not be 28a. Place of tnjury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

Certifying Physician: To the best of my knowledge, daeth occurred at tha tima, data and placa, and due to the causa(s) and mannar as stated.

Medical Examinar: On the best of my knowledge, daeth occurred at the time, dete and place, and dua to tha causa(s) en menner statad.

29b. Signatura and titla of certifie

4 Homicide

29e. Cartifiar

29c. Licensa number

Mama and address of person inptated causa of daath (item 23a) (Type, Print) rossroads Drive #415 Owings Mills MD2117

amue 31. Data filad (Month, Day, Yaar)

AUG 1 6 1996

State Registrar

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middla, Last) 2. Date of Death 3. Time of Death Day 996 Yeer **Physician** Aug 13 10:20AM John Parke Meyer Sr /Medical 4e. Facility Name (If not institution, giva street and numbar) 4b. City, Town, or Location of Death 4c. County of Death Examiner 1414 Meyer Station Rd Odenton Anne Arundel If Under 24 Hrs. 8. Dete of Birth (Month, Day, Yaar) 5. Social Security Number If Under 1 Year Months Days 7. Age (In yrs. last birthday) **Funeral** Birthplece (Stata or Foreign Country) Months 220-22-5573 1⊠M 2□ F 68 Yrs. Director Mar 19 1928 MD Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 28a-f show should be filed within 72 hours efter death with the Marylas nd Mentel Hygiene.

marked other than "natural", or itams 23a or 28ef show umatic event, "re Medical Examines must be nothed. 10d. Inside City Limits Md Anne Arundel Odenton Director 1 ☐ Yes ★□ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1414 Meyer Station Rd. 21113 USA Funeral 12. Wes Decedent Ever in U,S Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American Indien. Black, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 21215-0020 Specify: White 1 ☐ Yes 2 XNo Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highast grada complated) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Superintendent Race Track Baltimore, Maryland permit. Pages 1 and 2 should be file Department of Health and Mentel Hy Important: If Item 27 is marked othe any Injury or other traumatic event ORCs. 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middla, Maldan Sumame) Be John Parke Meyer Matilda E. Roylance P 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Carl D. Meyer 8828 Harvest Bend La., Laurel, Md 20707 20a. Method of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, State Dete 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 8-14-96 Balto., Md Metro Crematory 21. Signature of Funeral Service License 22. Name end Address of Fecility Hardesty Funeral Home, assund P.A., 851 Annapolis Rd., Gambrills, Md 21054 Approximate that ceused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest, Interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Pancreatic Cancer
Due to (or as a consequence of): 6 months Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in death) Lest Due to (or es a consequence of) Records, P.O. Box 68760, physiclan Physician/Medical the Due to (or as a consequence of): for use es signed by the end of Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? by been significant Completed

1 Yes 2 No 3 Probably 4 Unknown

24a. Was an eutopsy

24b. Were autopsy findings available prior to completion of ceuse of death? 1 N Yes 2 No 1 ☐ Yes 2 No

25. Was cese referred to medicel examiner? 26. Place of Deeth (Check only one)

Other: 4 Nursing Home 5 🛭 Residence 8 Other (Specify)

1 ☐ Yes 2 ☑ No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Manner of Death 28b. Time of 1 Natural 5 Pending

28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how Injury occurred 1 ☐ Yes 2 ☐ No

D 31602

Investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

29a. Certifier

8-14-96

(Check only one) 29b. Signature and title of cartiller

15 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date and plece, end due to the ceuse(s) and menner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and plece, and due to the ceuse(s) end manner stated. 29c. License number 29d. Date signed (Month, Day, Year)

30 Name and all Iress of person who completed cause of death (Item 23e) (Type, Print)

George B. Cavanagh M.D. 1655 Crofton Blvd., Crofton, Md 21114 31. Date filed (Month, Day, Year)

Registrar

certificate hes t

this funeral

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To the Hospital of within 24 hours a To the Funeral C completely filled

director,

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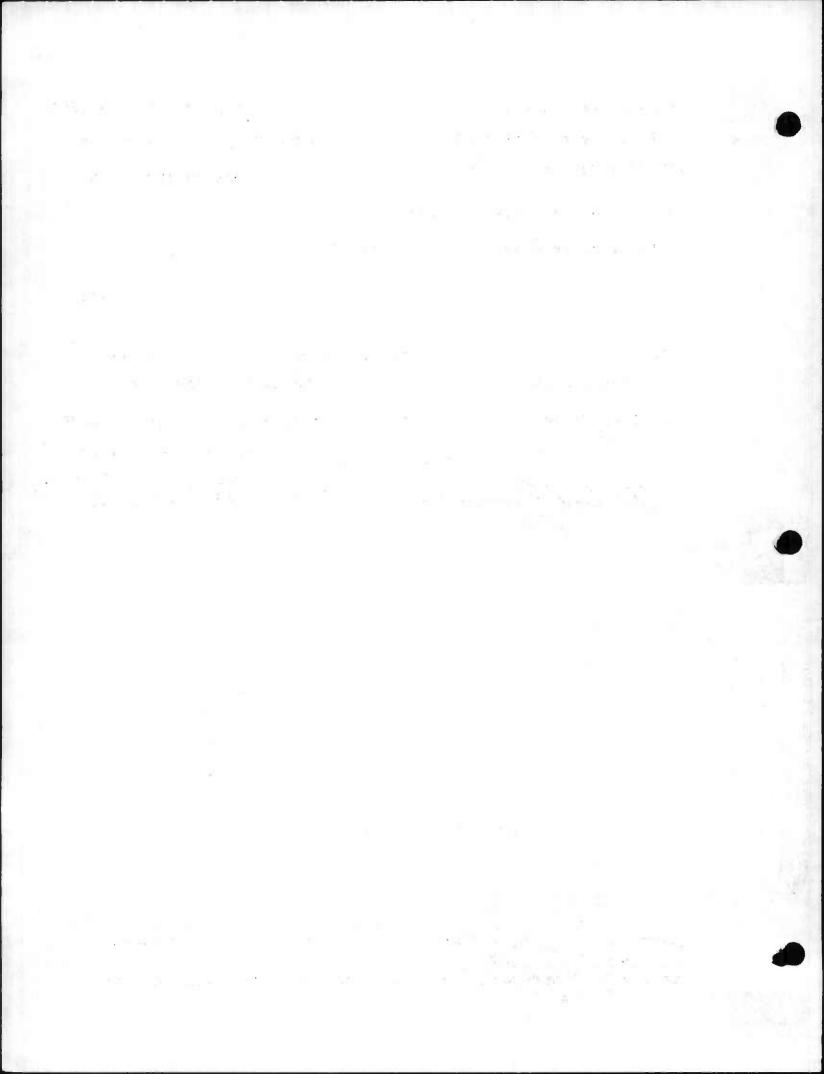
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Certification: To

Medical

Ision of Vital Attending Physician:





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legiple. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month August norothu Mann 1996 1:20am /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Falston Harford Falston General Hospital
5. Sociel Security Number 6. Sex If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year, 9/10/1918 (In yrs. lest birthdey) Birthpiece (State or Foreign Country) **Funeral** 1□M X□F Deys Hours Min. 217-38-0837 Yrs. Director Maryland Usuel Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits MD Baltimore 1 1 Yes 2 □ No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 3718 Mary Avenue 21206 U.S.A. by Funeral 11. Meritel Stetus 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 ☐ Yes ※No If Yes, Give Year or Detes: 1 ☐ Never Merried 2 ☐ Merried 1 ☐ Yes 2 No Specify: specifiWhite 3 ☑ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Homemaker Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be Edna Owens Charles Piraino 2 19e. fnformant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Richard Turkin 1732 Shanwick Court Forest Hill, Maryland 21050 20b. Plece of Disposition (Name of cametery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2X Cremetion 3 ☐ Removel from Stete Greenmount Crematory 8/15/96 4 ☐ Donetion 5 ☐ Other (Specify) Baltimore, Maryland 22. Name and Address of Facility The Dippel Funeral Home Inc. 21. Signeture of Funerel Service Licenses 7110 Belair Road Baltimore, Maryland 21206 Pert1. Enter the disease, of shock, or heert teilure. Visit th. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximete Intervai Between Onset and Deeth **Physician** CULAR ARRHYMIA /Medical Immediate Cause (Finel disease or condition resulting in deeth) ninules Examiner ears Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that Initieted events resulting in death) Lest Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760. pertension 2 Physician/Medical The law requires that the death certificate Due to (or es a consequence of): art Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Dfd tobacco use contribute to the cause of death? igned by 1 ves 2 No 3 Probably 4 Unknown monary Completed by 24b. Were autopsy findings aveilable prior to completion of cause of deeth? 24e. Wes en autopsy performed? 25. Wes case reterred to medical examiner? 2 No enjung 1 Yes 1 ☐ Yes 2 ☐ No To Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpetient 3 DOA After this 28c. Injury at Work? 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) Certification: 28b. Time of 28d. Describe how injury occurred Attending 1 Netural 2 Accident 5 Pending investigation death 1 ☐ Yes 2 ☐ No after death 3 Suicide 6 Could not be determined 28e. Pleca of Injury - At home, term, street, fectory, office building, etc. (Specify)

NOT APPLICABLE 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) à 4 Homlcide APPLICABLE within 24 hours a To the Funeral C Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the cause(s) end menner es steted.

2 Medical Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, end due to the cause(s) end menner steted. Medical 29a. Certifier

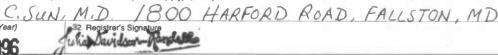
To the

State Registrar

31. Dete tiled (Month-Day, Year)

29b. Signeture end title of cartifier

ALBERT S

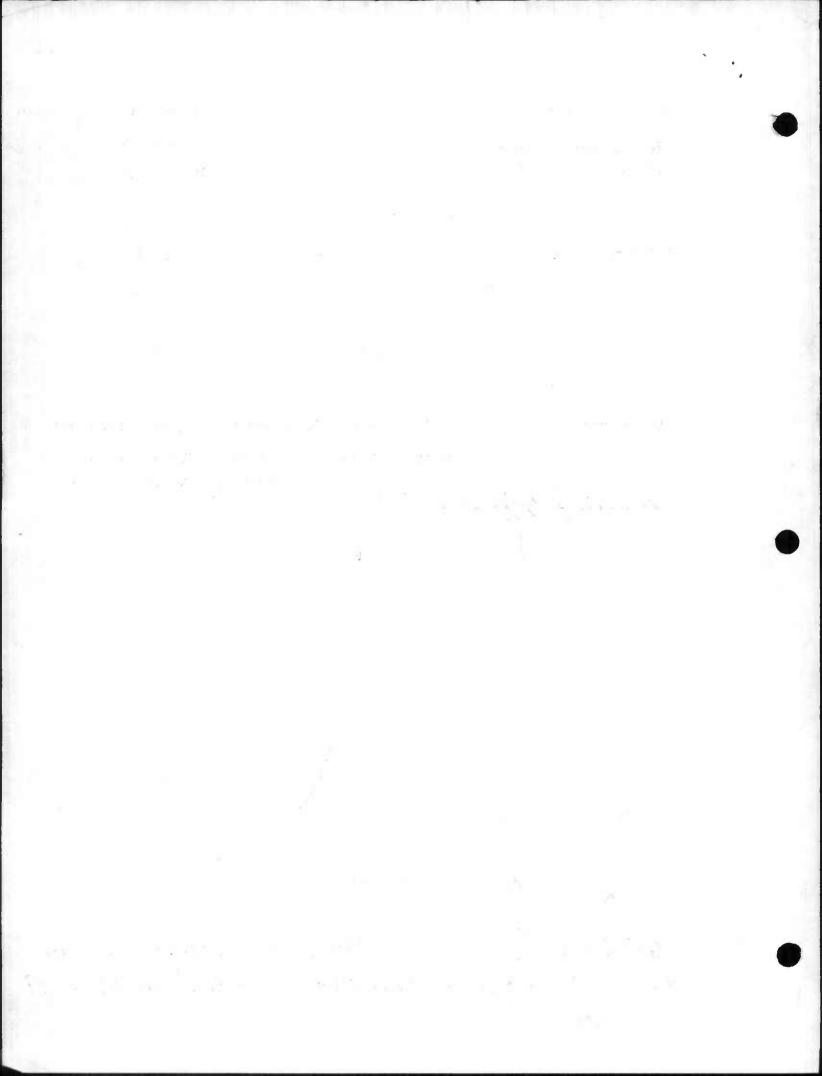


C. Jun lun

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

29c. License number

29d. Dete signed (Month, Dey, Year)



State of Maryland / Department of Health and Mental Hygiene Q 6

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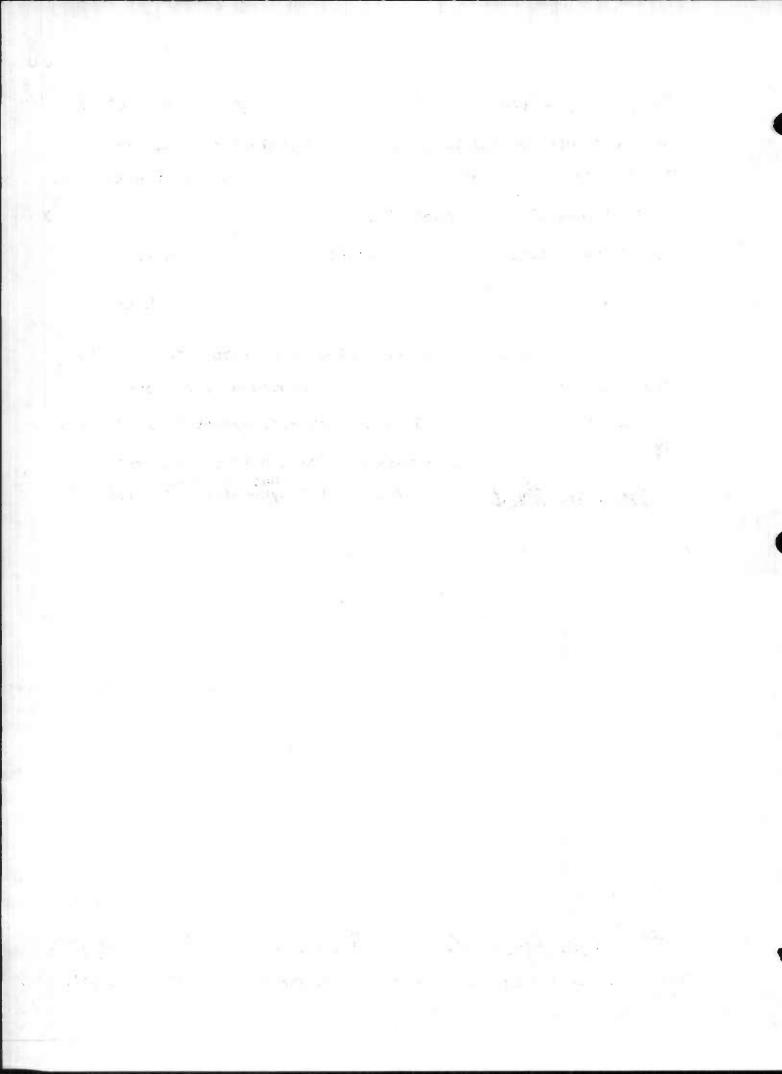
21157

				Ce	ertificate d	of Death	Re	eg. No.	2430
Physic /Medi		1. Decedent's Name (First, Middle, La:	arence.	MAY			2. Date of Deet Month	h Day	3. Time of Dea 4300
Exami Funeral		4a. Facility Name (If not institution, given Carroll County 5. Social Security Number 6. S	General 7. Age (In	Hospita yrs. last birthday Yrs.	/) If Under 1 Ye	4b. City, Town, or L Westmin ear If Under 24 Hrs. hys Hours Min.	aster 8. Date of Birth (Month, Day,	4c. County Carro Year)	9. Birthplace (State or For
Director		214 28 7488 Usual Residence of Decedent	6.4	113.			Feb. 9	, 1932	Md.
show	_	10a. State 10b. County		c. City, Town or I					10d. Inside City Lin
28a-f	Director	Maryland Carro	, 1 1	Sykesvi					1 Yes 2)0
23a or	rai Dir	10e. Street and Number 6338 Barnett			10f. Zip Cod 2178	4		Og. Citizen of V	
netural", or iteme 23e or 28a-f show pical Examiner must be notified at	by Funeral	11. Marital Status 1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 図 Divorced	12. Was Decedent Ever Armed Forces? 1 ☐ Yes 2 ☐ No If Yas, Give Year or Detes:	in U,S. 13	. Wes Decedent If Yes, specify C	of Hispanic Origin? (Sp Cuban, Mexican, Puerto No Specify:	pecify Yes or No- Rican, etc.)		e - Americen Indian, sk, White, etc.
Hygiene. ther than "natural", ont, the Medical Exa	Completed	15. Decedant's Ed (Specify only highest gra Elamantary/Secondary (0-12)	College (1-4or 5+)	(Giv lifa.		ne during most of work tired)	king		siness/Industry
d other	Be Co	17. Father's Name (First, Middla, Last)		пеач	y Equi	pment Ope	a (First, Middle, N		
	ToB	Jacob F. May				Flore	nce A.	Elliot	t
end Branch		19a. Informant's Name/Relationship (1	'ype, Print)			eet and Number or Ru			
nt of Health If from 27 or other tr.		Jane A. May 20a. Method of Disposition 3 □ Cremetion 3 □	Removel from State	Ob. Place of Disp		ett Ave.			Md. 2178 City or Town, State
Department Important any Injury		4 Donation 5 Other (Specify 21. Signeture of Funarai Service Licen		4	22. Name end Ad	• Park 8, Idress of Facility Ha: 195 Syke	ight Fu	neral	Home
ysician		23a. Part1 Enter the of ease, or comp shock, or heart fature. List only of	•						Approximete Interval Between Onset and Deeth
Medical xaminer	L.	Immediata Causa (Final disease or condition resulting in death)		(NON S	mell Cel	l Cuy (ancer	- 34PM
nsit	Examiner		b. Seps						20195
nding physician and ise as the buriel-transit	Exa	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury	Dua	to (or as a conse	equence of):				
ling physician and e as the buriel-transit	Medical	Cause (Disease or injury that initiated avants resulting in death) Lest	c. Due	to (or as a conse	quance of):				
ettendi I for us			d						
igned by the e	by Physician/	Part II. Other significant conditions co	intributing to death but no	t resulting in the	underlying ceuse	given in Pert I.			atribute to the cause of deg 3 Probably 4 Unkn
s been s 2 should	Completed b						24a. Was an perform	eutopsy red?	24b. Were autopsy finding evallable prior to completion of cause of death?
pag	Con						1 ☐ Ye	s alino	1 ☐ Yes 2 ☐ No
rthis certificate	Be	25. Was case referred to medicel examiner?	Hospital:			<u> </u>	h (Check only one	,)	
this ai di	1: To	1 Yes 2 No 27. Manner of Death	12 Inpatient 28a. Date of Injury	2 ER/Outpatie	IN JU DOA		me 5 Rasidar 28d. Describe hor		
death. stor: After y the fune	Certification:	1 Natural 5 ☐ Pending 2 ☐ Accident Invastigation 3 ☐ Suicide 6 ☐ Could not be	(Month, Day Yes	ar) Injury	M 1	njury at Vork? ☐ Yes 2 ☐ No			
ours efter eral Direc filled in by		4 Homicida determined	28e. Place of Injury - building, etc. (Sc				City or Town,	, State)	er or Rural Route Number,
n 24 h ne Fun pietely	edica	(Check only one)	iner: On the besis of exar and manner stated.	mination and/or in	ivestigation, in m	y opinion, death occur	and due to the car red at the time, da	use(s) and ma te and place, e	nner as stated. and dua to the ceuse(s)
To the comp	Me	29b. Signature end fittle of certifier	Ibleder M	0		ense number 28271			(Month, Day, Year)
To the Hospital or Attending within 24 hours effer death. To the Funeral Director: After completely filled in by the fune.		one) 2 Medical Exam	ubjecter M	(Itam 23a) (Type	29c. Lice	y opinion, death occur	red at the time, da	te and place, e	nd dua to the ceu

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Registrar

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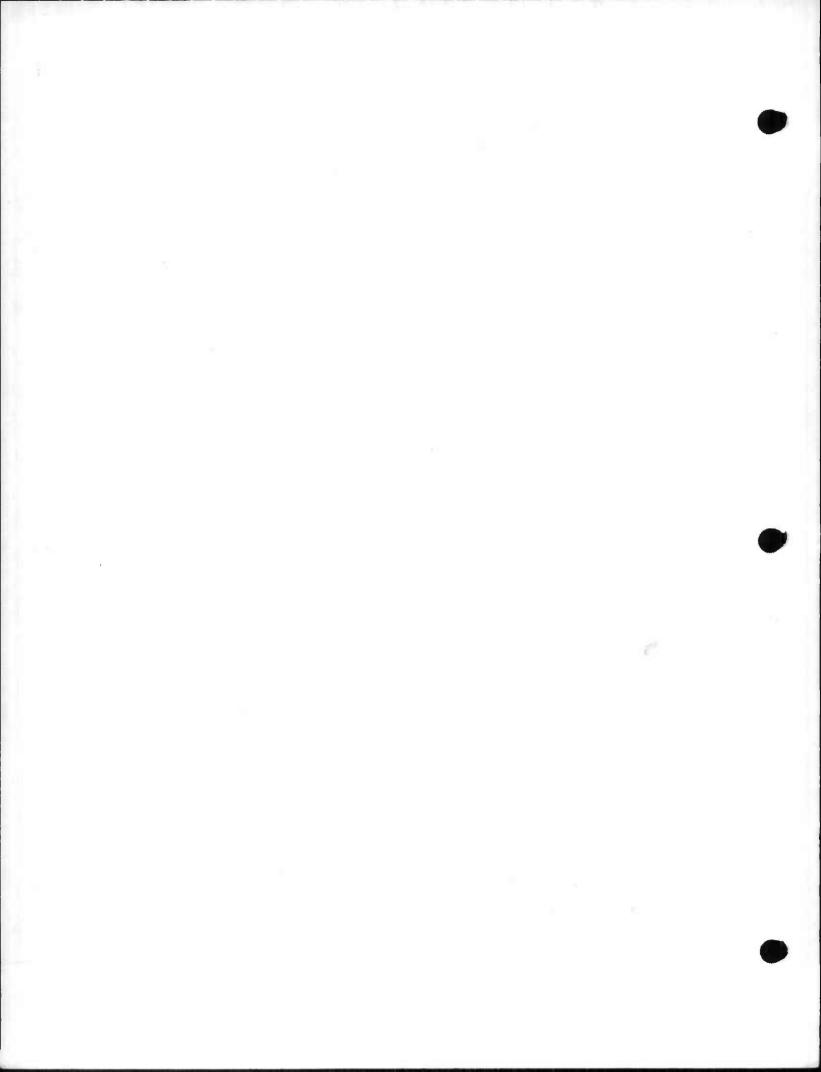


FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICAT	E OF D	DEATH	REG. NO					
1. DECEDENT'S NAME (First, Middle, Last)	1	76			2. DATE OF DEATH	W/2 10	3. TIME OF OEATH			
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.	from high story) and among			PURUST	134	7(d /1/pm			
217-18-2847	1□M2□x 79	YRS. MONTHS	DAYS	HOURS MIN.			BIRTHPLACE (State or Foreign Country) BALTIMORE, MD			
ST. ELIZABETH RESIDENCE OF DECEDENT	NURSING HOME			LOCATION OF OE	CITY	Sc. COUNTY	n/a			
10a. STATE 10b. COUNTY	n/a	10c. CITY, TOWN		LTIMORE			10d. INSIDE CITY LIMITS? XX YES 2 \(\square\) NO			
100. STREET AND NUMBER				21223		10g. CITIZEN	OF WHAT COUNTRY?			
2212 PENROS 11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 (X) (bivorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	X))(o	If yes, speci	IOENT OF HISPAN	IC ORIGIN? (Specify Year, Puerto Rican, atc.)		. RACE — American Indian, Black, Whita, atc. Specify: BLACK			
15. DECEDENT'S EQUE (Specify only highest grade of Elementary/Secondary (0-12)		OECEDENT'S USUAL O (Give kind of work done life. Do NOT use retired.) LABORER	CCUPATION during most	of working	BLINE	SINESS/INDUS INDUS				
8 th 17. FATHER'S NAME (First, Middle, Last) BOB HR RR	LS		1	16. MOTHER'S NAM DORA	NE (First, Middle, Maiden KING					
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
20e. METHOD OF DISPOSITION 1, Burlat 2 Cremation 3 Ramo	TYRONE PARKER 4008 REXMERE ROAD, BALTIMORE, MD 2121									
↑ Donation 6 □ Other (Specify) 21. SIGNATURE OF EUNERAL SERVICE LICE		BUTUS MEM		PARK ADDRESS OF FAC		RBUTUS	, MARYLAND			
Here f.	ale	_ "		1-1-2	HFH1101	E. NO	ORTH AVENUE			
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON DUE TO (OR AS A CON DUE TO (OR AS A CON	SEDUENCE OF):					Onset and Da			
PART II. Other eignificant conditions Stoked core Was calen de	BUTE TO CAUSE OF DE	zangren	NO [reripher	PERFOR	MED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO			
O EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient	OTHE	R:	g □ Bealdene :	3 ☐ Other (Specify)					
27. MANNER OF OEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJUR WORK	TA YI	28d. OESCRIBE HOW I	NJURY OCCUR	ED			
3 Suicide 8 Could not be detarmined detarmin										
	IAN: To the best of my knowledge,						euse(e) and manner as stated			
296 SIGNATURE AND TITLE OF CERTIFIER	llager, MI	>		9c. LICENSE NUM		29d. DATE SI	GNED (Month, Day, Year) GUST 14, 199			
30. NAME AND ADDRESS OF PERSON WHO L. GALLAGER	MD, 3453	5 WILKE	NS A	UE,B						
AUG 16 1996	32/ HEGISTRAN'S SIGNATURE	andell								

BALTIMORE, MARYLAND 21215-0020



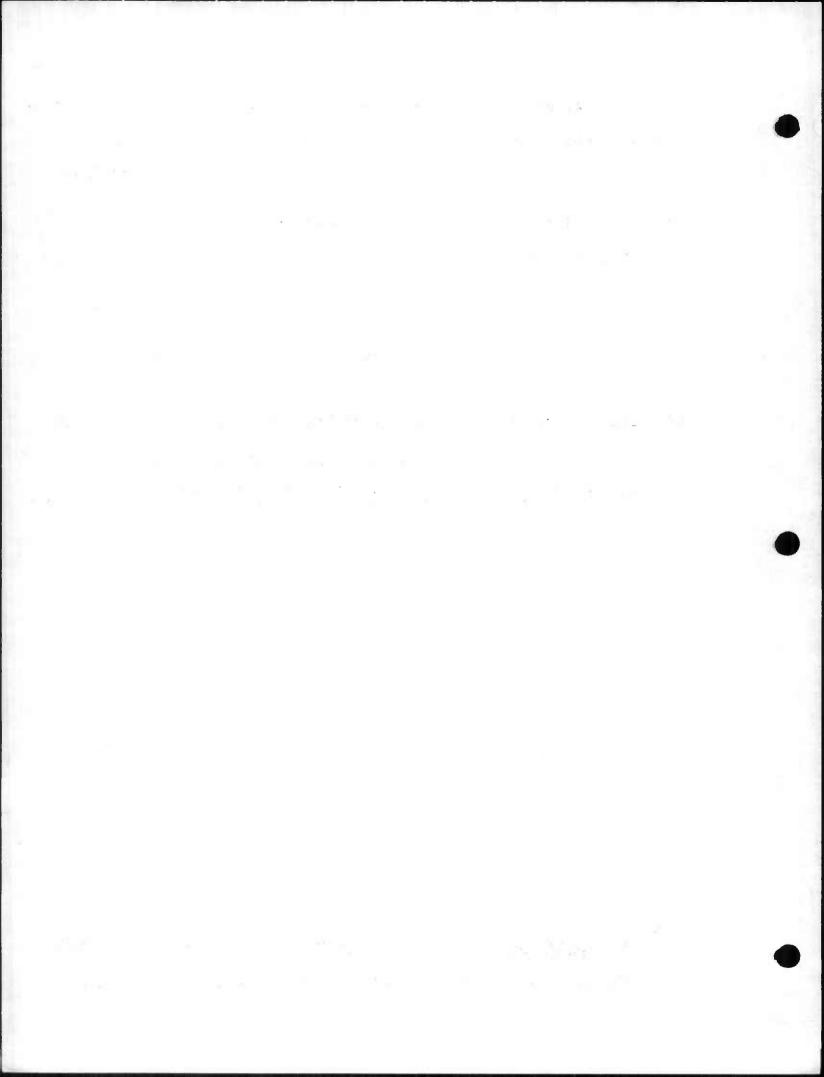
State of Maryland / Department of Health and Mental Hygiene

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24382

						Cei	rtificate c	of Death		Re	g. No.		tive I S	
			1. Decedent's Name (First, Middle, Las	st)					2	Date of Death	-		3. Time o	of Death
	Physic		Ard	elle	Louise	Naı	ıdain		A	Month ugust	15, 1	1996	12:	30am
1	/Medi Exami		4a. Facility Name (If not institution, give					4b. City, Tox		tion of Death	4c. County			304111
fi -	Exami	iei	632 Aldershot		,				timo			altim	ore	
-			Social Security Number 6. S		7. Age (In yrs. I	last hirthday)	If Undar 1 Ya							or Foreign
	Funeral Director			□M 2√2F	79	Yrs.	Months Da		Min.	Data of Birth (Month, Dey, Ug. 1,	Year) 17	9. Birthple Count Mary	hand	or r oreign
	Director		Usual Residence of Dacedant						21	щь. т,	1/1/	IId Ly	Tand	
0	ž ==		10a. State 10b. County		10c. City	, Town or Lo	cation					10	d. Inside C	ity Limits
100	1 4 7	ŏ	Maryland Balt	imore			D.	oltimo						2 No
4		ect.	10e. Street and Number	TIHOLE			T	altimo	re					24
46,7	0.8	To					10f. Zip Cod			10	g. Citizen of	what Count	ry7	
4	23	ā	632 Aldershot					21229				USA		
5-0020	or items 23s or 28s-f show	Funeral Directo	11. Marital Status	12. Was Dece Armed For	dant Evar in U,: ces?	S. 13.	Was Decedent of Yas, specify C	of Hispanic Orig Suban, Mexican	gin? (Specif	y Yas or No- can, etc.)		e - America ck, White, e		
02	9 4	F	1 Nevar Married 2 Married	1 ☐ Yes If Yes, Give	2 X No		1 □ Yes 2 💢 I				Specif			
00		d by	3 ☐ Widowed 4 ☐ Divorced	Yaar or Da			-X				Specii;		ite	
	netural,	Completed	15. Decedent's Ed (Specify only highest gre	lucetion de completed)		16a. Deced	dent's Usual Oc	cupation	t of working	1	8b. Kind of B	usinass/Indi	ustry	
121	9 6	du	Elementery/Secondary (0-12)	College (1-	-4or 5+)	life.	kind of work do DO NOT use re	tired)						
	9 4 4	Ö	12			Ног	sewif	e			Own	Home		
pu	other vent,	Be	17. Fathar's Name (First, Middle, Last)					18. Mothe	r's Neme (/	First, Middle, M	e <i>id</i> en Su <i>rn</i> en	na)		
<u>a</u>	marked other than	2	Howard Carr	oll Sh	awen			I	Daisy	Mae	Hair	nes		
Maryland	and h		19a. Informant's Name/Relationship (7	Type, Print)		19b. Meilin	ng Address (Str	reet end Numbe	er or Rurel F	Routa Number,	City or Town	Stete, Zip	Code)	
	Health ar		John Calvin Nauda	in, Jr.	/son	632	Alder	shot R	load	Balti	more,	MD	2122	9
Saltimore,	to Health and Mental Physics. If item 27 is merked other than "natural", or other traumatic event, the Medical Exa		20a. Method of Disposition		20b. Pt	lace of Dispo	sition (Neme of natory or other	f mlana)		Date 2	0c. Location	City or Tov	vn, State	
Ou	t: H it		1 ☐ Burial 2 【XCremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify		tate				09/1	5/06	D-1-5		MD	9 1
	nich .		21. Signature of Funeral Service Licen		met		ematory Nama and Ad		08/1	2/90	Balti	lmore	, MD	
Balt	Department of Health Important: If Item 27 any Injury or other the pace.		21. Signature of Pulletan Service	C Donn	ild	(remat:	ion So	ciet	v of M	farvla	and.	Inc.	
			10.0000 (1.17	Dawn F	McDon	nald 2	299 Fr	ederic	k Ro	ad Ra	1 time			1228
			23a. Part1. Enter the disease, or comp shock, or heart failure. List only	olications that ca	oused the death	n. Do not ent	er the mode of	dying, such es	cardlec or r	espiratory arre	st,		Approxima Interval Be	te tween
P	hysician												Onset and	Death
-	/Medical		Immediate Cause (Final disease or condition	2mi	PHYSE	MA							204	KS
6	xaminer		rasulting in death)	8.		r as e consec	uence of):							
		ne		150	HEMIC	1 49	APT	DISE	455				2041	45
1,490	72 8	Examiner	Sequentially list conditions	b. ———		as a consec		101001	102				7	~
6	physician and s the bunal-tran		Sequantially list conditions, if any, leading to immadiate ceuse. Enter Underlying Cause (Disease or Injury									i		
68760	hysici the bu	Medical	that initiated events	C. ———	Due to for	as a conseq	neuce of).							
89	66	P	rasulting in death) Last		D00 10 (01	as a conseq	derice ory.							
X	nging nse su			d										
å å	atte S for	Physician	D. All Other deaths											
P.O.	ed by the detached	ıys	Part II. Other eignificant conditions co				nderlying ceuse	given in Part i.	•		acco use co			
	gned by be detact	4	Valvular He	art L	Isease	2				1)K(Ye	s 2□ No	3 ☐ Prob	ably 4□] Unknown
Vision of Vital Records,	5.2	d by								04- 146		24h Wei	re autopsy	findings
0	been s should	Completed								24e. Was an perform	ed?	ava	liable prior	to
Sec.	10 OV	du										of d	eath?	
= 1		S								1 ☐ Ye	s 2 No	1 🗆	Yas 2□] No
ita	certificate rector, pa	Be	25. Was cese referred to medicel examiner?					26. Place	of Death (Check only one)			
2 1	9 9	2	1 Yes 2 No	Hospital: 1 ☐ In	patient 2 1	ER/Outpatier	nt 3□ DOA	Other: 4 Nu	rsing Home	5 X Resider	nce 8 DOth	ar (Specify))	
0 4	100		27. Manner of Death	28a. Date of	f Injury n, Day Year)	28b. Time of	28c. li	njury af Work?	286	d. Describe hor	w injury occur	red		
o f	F 24	at lo	1 XNatural 5 ☐ Pending 2 ☐ Accident investigation	(NOTE)	, Day rear)	fnjury		1 ☐ Yes 2 ☐ I	No					
/is	otor by th	fice	3 ☐ Suicide 6 ☐ Could not be	286. Place	of Injury - At ho	me, farm, str	eet, factory, offi	ice	281	Location (Str.	eet end Numi	ber or Rural	Route Nun	n <i>ber</i> ,
0	8 a	Certification:	4 Homicide	buildin	g, etc. (Specify	")				City or Town,	Stete)			
INS			29a. Cartifiar 1 Certifying Phy	reician: To the b	nest of my know	vledge death	occurred at the	e time dete and	d place, and	due to the ce	use(s) and m	anner as ste	ted	
IA	24	edical	(Check only 2 Medical Exam	iner: On the bas	sis of examinati	ion and/or In	vestigation, in m	ny opinion, deat	th occurred	at the fime, da	ta and piace,	and dua to	tha cause(s)
-	1	Me	29b. Signature and title of certifier	and morning	01 010100.		29c. Lic	ansa number		29	d. Dafa signe	d (Month. E	Dav. Year)	-
_	3 F 0-4		0.0.	0				41	7		ugust			6
			* Kuta Pat	lamp				9 /10	/		ugust	. 1),	177	0
			30. Neme end address of person who o					Les CL	70	7 .	14 . 5	- 1-	. 1	
			RITA PABLA				n Chak	cies of	Dal	Amore	MD	212	04	
	Sta	ite	31. Date filed (Month, Dey, Year)	32. 00	gistrer's Signat	ture 🦙 .	. 00							

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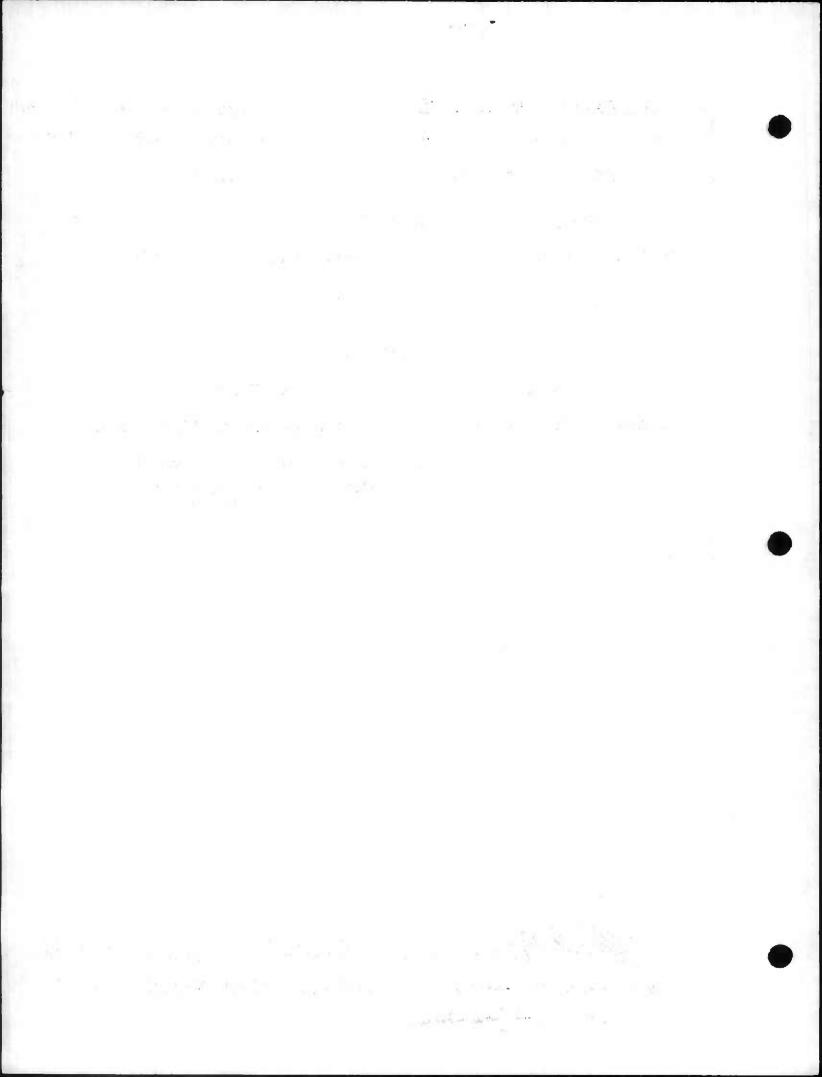
				Olate of Ivit	aryland	Certifica		Death	IVICITIZI I I I	Reg. No.	6 2	4383
	E		1. Decedent's Nama (First, Middla, La	ast)					2. Data of De	eath Day	Year	3. Time of Death
	Physici /Medi		SUSAN OU	JEN					AUGU	ST 12 1		5:52 PM
Ť	Examir		4e. Facility Nama (If not Institution, gh	va street and number)				4b. City, Town, or			of Death	
			JOHNS HOPKIN	US HOSPI	TAL			BAUR	more	=	NA	
	Funeral		5. Sociel Security Number 6. 3	Sex 7. Age	a (In yrs. las	t birthday) If Un Month	dar 1 Year			rth Voors	9. Birthplac	ca (Stata or Foraign
н	Director		215-52-8235	1□M 2√2F	48	Yrs.	is Deys	Hours Min	Dec 1	3 1947	MD	
	p ,		Usuai Residance of Decedant		40.00							
	s 1 and 2 should be filed within 72 hours aftar death with the Maryland of Health and Mental Hygiene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Mod call Examiner rount be notified at	Funeral Director	Md 10b. County Anne A	rundel		Town or Location					10d	I. insida City Limits 1 ☐ Yes ※☐ No
	7 28 P	i e	10e. Street and Number			10f.	Zip Coda			10g. Citizan of \	What Country	n
	th wi	<u>a</u>	1025 Martha Ct				214	03		J	JSA	
	dea	ne	11. Marital Status	12. Wes Decedent I Armed Forcas?	Ever in U,S.	13. Wes De	cedent of I	Hispenic Origin? (S pan, Mexican, Puer	Specify Yes or No	o- 14. Rac	e - American	
Maryland 21215-0020	urs after al', or he	by Fu	1 ☐ Navar Married 2 ☐ Merried 3 ☐ Widowed 4 🙀 Divorced	1 Yas 2 14 If Yas, Giva Yaar or Datas:	No		2 № No		to moun, etc.,	Specify		ite
9	2 ho	Completed by	15. Decedent's E	ducation		16a. Decedent's U	suai Occu	pation	adalas as	16b. Kind of B	usinass/Indu	stry
216	hin 7	pie	(Specify only highest green Elementery/Secondery (0-12)	ede com <i>pi</i> arad) Collage (1-4or 5	+)	lifa. DO NO	work dona Tuse retire	pation during most of wo ed)	rking	Medica	1	
21	M M M	No.	12	3		L.P.N.	•			Medica	11	
Pu	al Hy I oth	Be (17. Fethar's Nama (First, Middla, Last Earl M. Rober) + a						, Maiden Suman	ne)	
Na Na	should the marked umatic e	To	Earl M. Rober					Lois	A. McHa	arg		
a	2 should be filed with and Mental Hygiene. Is marked other than numatic event, than		19e. Informant's Neme/Ralationship					t end Number or R				
	1 and 2 Heaith bm 27 I		Shawn M. Owen					101, St	evensv:	ille, M	1d 21	566
Baltimore,	pemit. Pages 1 and Department of Health Important: If Nem 27 Imp Injury or other to		20a. Mathod of Disposition 1 □ Ruriai 2 □ Cremetion 3 □ 4 □ Donation 5 □ Othar (Speci		Cert	ce of Disposition (foretary, crematory)	or other ple		8/16/9	20c. Location - Anna	City or Town	n, Stata 5 Md
Balti	permit. Pages Department of F Important: If Ite any Injury or of		21. Signature of Europeal Service Lice	nsee /////	/	P.A.	and Addr	ass of Fecility 2 Ridge	Hardes	sty Fur	eral	Home,
			23a. Part1. Entar tha disease or corr	policetions that caused	the death							21401
	Physician		23a. Part1. Entar tha discuss or com shock, or haart failum List only	ona ceuse on aach lin	na.			ang, court do carola	o or roophotory t		ir	oproximata nterval Between Onset and Deeth
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68	ificat as th	Pe	rasulting in death) Last		Dod to (or e.	a a consaduanca c	,,,					
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œ.	d for	cia	Part II. Other significant conditions of	contributing to death by	rt not recultic	na in the underhile	a course of	iven in Port I	22h Did	tohacco una co	ntribute to ti	he cause of death?
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Ou	tending Ph leath. lor: After thi the funeral	tior	1 Saturai 5 ☐ Panding 2 ☐ Accidant Invastigatio		Year)	Injury M	28c. Inju Wo	ork?]Yes 2∐No				
ivision	Attendi r death ector: A by the f	Certification:	3 Suicide 6 Could not b	O COO Diese of lei	ırv - At homa	a, farm, street, fact			28f. Location	Street and Numb	ber or Rural F	Routa Number,
d	25.5	F	4 Homicida	building, afo	. (Specify)	.,,,	,		City or To	wn, Stata)		
2	and and		29a. Cartifiar Certifying Pt	vsician: To the best of	of my knowle	daa, daeth occurr	ed et the ti	ima, data and piac	a and due to the	cause(s) and ma	annar as stat	ed.
4	To the Hours within To the Funeral completely misd	edical	(Check only 2 Medical Examone)	niner: On the basis of	lan: To the best of my knowledga, daeth occurred et the tima, data and place, and due to tha cause(s): On tha basis of axamination and/or invastigation, in my opinion, daeth occurred at tha tima, data and and mennar stated.					data and plece,	and due to th	ne cause(s)
- 10	within To the compl	Me	29b. Signature and title of cartifier				29c. Licen	se number		29d. Data signe	d (Month, Da	ıy, Year)
	->-0		Kintin His	mas mo,	OKI	Donly	A	16161		AUGUS	T 12	1996
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	Exami		4e. Facility Name (If not Institution, give NORTH ARUN D		SPIT	AL			eu RNI		4c. County	of Deeth	RUNDEL	
	Funeral Director		5. Sociel Security Number 6. Security Number 212 10 8303	7. Ag □M 2∰ F	ge <i>(I</i> n <i>yrs. I</i> 81	Yrs.	If Under 1 Ye Months Da		Min. (Mor	of Birth th, Day, Y /13/1	(ear) 4	9. Birthp Cour	oleca (Steta or Foreign ntry) MD .	n
-0020	172 hours efter deeth with the Maryland "natural", or items 23s or 28s-f show odical Examinet must be nothed at	ed by Funeral Director	10e. Stete 10b. County MD. BALTO. C 10e. Street and Number 7855 FREETOWN RD. 11. Maritel Stetus 1□ Never Married 2□ Merried 3∰ Widowed 4□ Divorced 15. Decedant's Edi	12. Wes Dacedent Armed Forces' 1 ☐ Yes 2 # If Yes, Give Yaer or Datas:	Evar in U.	16e. Decer	ORE 10f. Zip Cod GLEN Wes Decedent of Yas, specify C	BURNIE of Hispanic Origination, Mexican, No Specify:	n? (Specify Yas Puerto Rican, e	or No-		What Cour ee - Amaric ck, White, y: BL	can Indian, etc. ACK	
d 21215-0020	iled within tygiene. her than " nt, the Ma	e Completed	(Specify only highest grade Elementery/Secondery (0-12) 12 17. Fether's Nema (First, Middle, Last)	College (1-4or	5+)	(Give life.	kind of work do DO NOT use re MAKER	ne during most o ired)	of working s Nama (First, I		HOME		20019	
Maryland	2 should be end Mental is merked o sumstic eve	To Be	ELIAS JACI 19e. Informant's Neme/Reletionship (7)		-	19b. Meilir	ng Address (Str		IZABETH		JACKS	ON	Code)	
Baltimore, M	emit. Peges 1 end 2 repartment of Health montant: If item 27 i ny injury or other tra		BARBARA MOORE 20e. Mathod of Disposition 1 #Suriei 2 Cramation 3 4 Donetion 5 Other (Specify, 21. Signature of Fungral Service License	Removel from Stete	CE	lece of Dispo emetery, crer ZION	stion (Neme of netory or other) CH. CEM Nema and Ad	olece) 1. 8/15 drass of Facility	/96	M/	AGOTHY	, MD.	own, Stata	
	Physician /Medical		23s. Part1 Boter the disease, or companies, or main fellure. List only of		1		1300 EU ar the mode of	ROTHERS TAW PL. dyling, such es ca	BALTO. ardiec or respire	MD.	21217	•	Approximate Interval Between Onset and Death	
Box 68760,	death certificate be executed a ettending physician and id for use as the buriel-transit a	n/Medical Examiner	disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last	b. ACU	Due to (or Due to (or	r es e consequence es e	uence of): OCAR uence of):	DIAL		ecin	on		3DAYS	
P.O.	that the ed by th detache	y Physician/Me	Part II. Other significant conditions co	ntributing to death b	out not resu	ilting In the u	nderlying cause	given in Pert I.	238	Did tobe		ntribute to	the cause of death	
Records,	e law requir hes been s pe 2 should	Completed by							248	. Was an performe	ed?	av	ere autopsy findings allable prior to impletion of cause death?	
of Vital	ding Physician: The Ih. After this certificate he funeral director, page	To Be	27. Menner of Deeth	Hospital: 1 Inpatil 28e. Date of Inju	iry	ER/Outpatien 28b. Time of Injury	28c. le	Other: 4 Nurs		only ona)		nar (Specif	yes 2Ã No	
Division	or Attendation of Att	Certification:	Investigation Accidant investigation Could not be determined	28e. Plece of in building, et	c. (Specify)	eet, fectory, offi		281. Loca City	or Town,	Stete)		al Route Number,	
1	Pin Ho	Medical	29e. Certifier (Check only one) 12 Certifying Phy 2 Medical Exami	ner: On the basis o end menner st	fexamineti	vledge, death lon and/or inv	restigetion, in m	time, dete end y opinion, deeth	piece, end due occurred et the	time, det	e and plece, d. Data signe	end due to	o the cause(s)	
			30. Name end liddress of person who co	MEDICAL ompleted cause of c			D	46020		AU	GUST	11	1996	-
	Sta Registr		ABDW K. GARUBA, M. 31. Data filed (Month, Day, Year)	D NORTH 32. Registr	+ ARU	NDEL 1	HOSPITAL	-,301 H	OSPITAL	DRIV	E, GH	ENB	URNIE	

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State of Maryland / Department of Health and Mental Hygiene 96

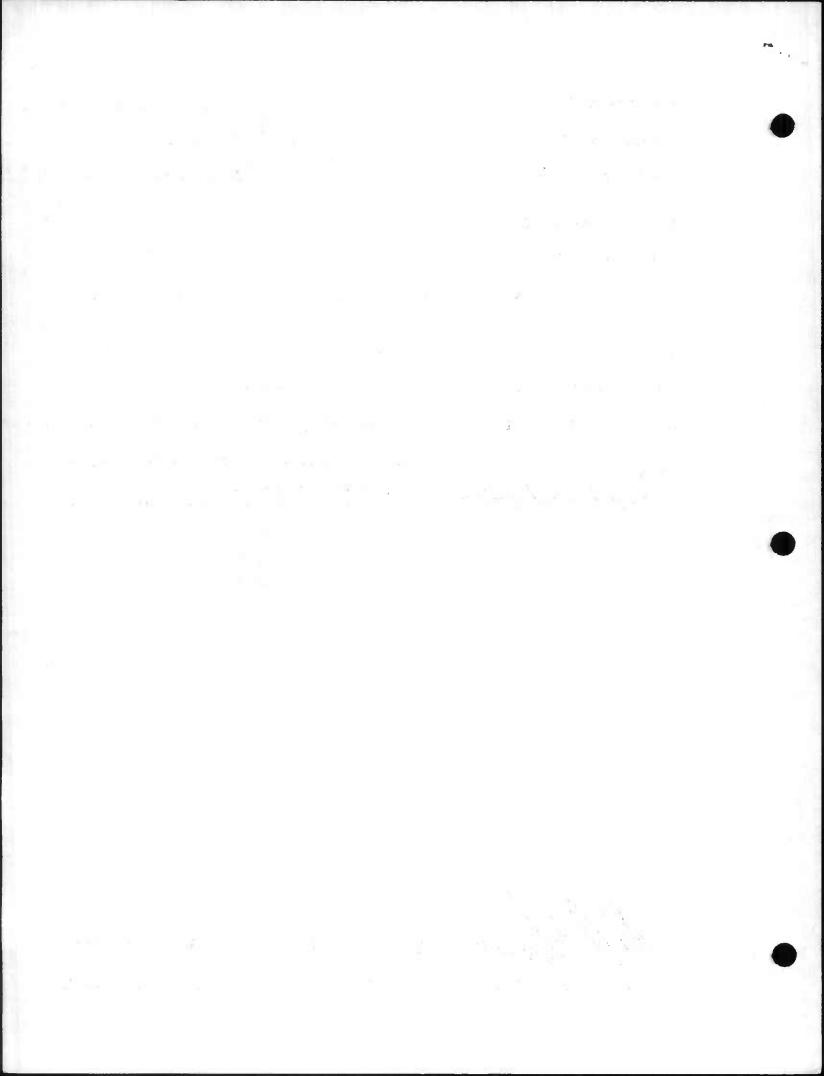
				Certificate of Death		Reg. No.	0 2	- 4000
			Decedant's Nama (First, Middle, Last)		2. Date of De	eth		3. Time of Death
	Physic /Medi		MARGARET F. TAL	11 m Bo	Augus	T 14	Yeer 1996	2:25 A
8	Exami		4a. Facility Nema (If not institution, give street end number)	4b. City, Town, or	Location of Deat			
-	Funeral Director		NOR+H ARUNDEL HO 5. Sociel Security Number 215 14 5346 6. Sax 1 □ M 210 F 73	SPITAL GLEN ES. lest birthday) If Undar 1 Yaer If Under 24 Hr. Months Deys Hours Mir	. (Month, De	th	9. Birthpl Count	UNDEL aca (State or Foreign try) rland
			Usuai Rasidance of Dacedant		INOV. Z.	37 1322	IMI	Turia
	ahow ahow		10a. State 10b. County 10c. 0	City, Town or Location			10	Od. inalde City Limits
	the Meryla 28a-f ahor notified at	cto	Maryland Anne Arundel A	nnapolis				1 ☐ Yas 2 🔀 No
	ith th	Director	10e. Street end Number	10f. Zip Coda		10g. Citizen of V	Vhat Count	iry?
	death with the Meryland ms 23a or 28a-f show rmst be notified at		570 Bellerive Drive Apt. 229	21401		U.S	•	
21215-0020	or he	by Funeral	11. Merital Stetus 1 □ Navar Married 2 □ Married 3 ☑ Widowed 4 □ Divorced 12. Wes Dacedant Evar In Armed Forces? 1 □ Yas 2 ☒ No If Yas, Giva Year or Dates:	U.S. 13. Was Dacedant of Hispanic Origin? (If Yes, specify Cuban, Maxican, Pua 1 □ Yas 2 ☑ No Specify:	Specity Yas or No rto Rican, atc.)	Specify	e - Amarica k, Whita, a Wh	
2-0	"natural",	Be Completed	15. Decedant's Education (Specify only highast grade complated)	16a. Decedent's Usuel Occupation	odvina	16b. Kind of Bu	sinass/Ind	ustry
2	造 医氢	nple	Elementery/Secondary (0-12) Coilega (1-4or 5+)	(Giva kind of work done during most of wo life. DO NOT use retired)				
		Co	12th	Housewife - Home Ma	ker	Own	Home	
pu	a la b		17. Fathar's Name (First, Middle, Last)	_	ama (First, Middla			
Z	should be filed and Mental Hygi marked other umatic event, I	2	Truman Mark Si	.ndall l	Frances	McClean		
, Maryland	2 4 5 5		19a. Informant's Neme/Ralationship (Type, Print) Felix Palumbo Jr. / Son	19b. Mailing Address (Street and Number or F				code) and 21060
Baltimore,	permit. Pages 1 and Department of Health Important: If Item 27 any injury or other to page.		4 PC Double 1 O D Commention of D Dominion Comment	Place of Disposition (Nama of cametary, cramatory or other place) len Haven Memorial Park	Data 8/16/96	20c. Location -		
H	permit. Pag Department Important: I any injury c		21. Signature-of-Funerei Sarvice Licensee	22. Nama and Address of Facility	L			
ä	Depariment in post		16/m m2	4001 Ritchie High		Funeral		
			23a. Part 1. Enter tha disaasa, brown a fions that caused tha dar shock, or haart failura. List only one cousa on each lina.		_			Approximete Intervel Between
	Physician /Medical Examiner	ner	rasulting in death)	(or as a consequence of):	ALLIA	N E	1 1 2 4 4	Onset and Death
Box 68760,	requires that the death certificate be executed een signed by the attending physician and hould be detached for use as the burial-transit	n/Medical Examiner	Sequentieily list conditions, if any, leading to immediate cause. Enter Underlying Cause Disease or Injury	(or as a consequence of): RENAL FAIL! (or as a consequence of):	URE		-	
	the att	Physician/	Part II. Other significant conditions contributing to death but not ra	asulting in the underlying cause given in Part I.	23b. Did	tobacco use co	ntribute to	the cause of death
P.0	at the	Phy	HAERTENSION		10	Yes 20 No	3 Prob	ably 4 Unknow
of Vital Records,	v requires the been signed should be de	by	DIADETES MELLI	Th\$	24a. Wes	an eutopsy ormed?	ava	ra autopsy findings illable prior to applation of cause
Rec	Icien: The lew certificata hes b rector, page 2 s	Completed					of d	leath?
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5		O B	25. Wes casa referred to medical examinar? 1 Yas 2 No Hospitai: 1 Nonpatient 2	Other	eth (Check only		10 11	
	Phys r this aral d		27. Manner of Deeth 28a. Data of Injury (Month, Day Year)	LENGUIDATION 3LL DOA 4LL Nursing	Homa 5 ☐ Resi	dence 6 ⊔Othi how injury occurr		/
o	ding th. After fune	tlor	↑ Natural 5 Pending (Month, Day Year) 2 Accident invastigation	26b. Time of lnjury M 28c. injury at Work?				
Division	f or Attending Phatter death. Director: After this in by the funeral	Certification:	3 Cuiside 6 Could not be	homa, farm, streat, factory, office	26f. Location (City or To	Street and Numb wn, State)	er or Rural	Route Number,
1	Hospital or Hodys after Functal Dir	edical C	29a. Cartifiar (Check only one) 1 ✓ Certifying Physician: To tha best of my km one) 1 ✓ Medical Examiner: On tha bests of axamin and mennar stated.	nowledga, daath occurred at the time, dete and place nation and/or invastigation, in my opinion, daath occ	e, and dua to the curred at tha tima,	causa(s) end ma data and piace, a	nnar as ste and due to	ated. the cause(a)
1	9 9 9	Me	29b. Signetura and titla of certifier	29c. Licensa number	T	29d. Deta aigned	i (Month, I	Day, Year)
			Aspetan	MP D43977		Omaria	14"	5 1996
	4		30. Nema and addrass of person who complated cause of death (Ite	am 23a) (Type, Print) PITAL DIWE OLD B	WANT H	ND . 217)61	(1.7
	- C4-	•	31. Dete filled (Month, Dey, Year) 32. Registrer's Roy		WOUL !	210	101	
	Sta Regista	- 1	AUG 16 1996					

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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					Ce	niiicai	e or	Death			Reg. No.		
Physician /Medical	1. Decedent's New Edwin Ro									2. Dete of De Month August	Dev	998	3. Tima of Death 11:05 Al
Examiner	4a. Facility Neme 5 South			ımber)				4b. City, To		ocation of Deat	4c. County		.el
Funeral Director	5. Social Security 140-20-8		J.Sax 11∑M 2□F	7. Age (In y	rs. last birthday) Yrs.	If Unde Months	Deys		24 Hrs. Min.	8. Date of Bir (Month, Da June 1	th ly, Year) 1.1927	9. Birthp Coun New	laca (Stata or Forei
ryland how	Usuai Rasidance o 10a. Stata	of Dacedant 10b. County		10c.	City, Town or Lo	ocation						1	0d. Inside City Limi
ifer death with the Maryland r terms 23s or 28s-f show wher must be notified at Funeral Director	MD 10e. Street and Nu	Anne A	rundel		Laurel	10f. Zij	Coda				10g. Citizen of	Whet Coun	1 🗆 Yas 🧏 🗀 I
ns 23a or must be must be eral Di	5 South	Carol S		edant Ever in	U.S. 13.		0724		iain? (So	ecify Yas or No	USA	ce - Americ	an Indian.
ors after or, or the Examine by Fui	3 Widowed	rried 2 Married	Armed F	orcas? 2 No ve 1				pen, Maxica Specify		ecify Yas or No Rican, atc.)		ck, Whita, by: Whi	atc.
be filed within 72 hours lat Hygiene. d other than "naturel;, svent, the Medical Exp	(Spe Elementary/Sec 12	15. Decedent's acify only highast (condary (0-12)		1-4or 5+)	(Giva	dent's Usu kind of wo DO NOT u	ork dona sa retire	ipation a <i>during m</i> os ed)	st of work	ing	16b. Kind of B		
	17. Fethar's Nama Edwin Ro		-		Supe	:1 1 2 3	J.			e (First, Middle, Burroug	Meidan Sumer		CIONS
aith and M aith and M 27 is marl or traumat	19a. Informant's N Edwin Ro										er, City or Town		Code)
permit. Pages 1 and 2 should be lited Department of Health and Mental Hyd Department of Health and Mental Hyd Important: If Nem 27 is merked other eny injury or other traumatic event, once. To Be C.	20a. Method of Dis		☐Ramoval from	Stote	Place of Dispo cemetary, cre altimore	metory or o	othar pie		r. 8	Data 3/13/96	20c. Location		
Departri Importa eny inju	21. Signature of F	unarai Sarvice Lic	censae	2	F	leck	Fune	eral H	lome,		el, Mar	vland	20707
Physician /Medical Examiner	23a. Part1. Entar shock, or her immediata Causa disaase or conditi rasulting in death)	ert failura. List on (Final	ily one cause on a	aach lina. .monary		er the mod	da of dy						Approximate Interval Between Onset end Death 1 month
in and fal-transit Examiner	Sequantially list co	onditions.	b. Asp	iratio	n Pneun	onia							1 month
certificate be secul iding physician and ase as the burist-tran	Sequantially list or if any, leading to it causa. Entar Und Cause (Disaase or that initiated avant rasulting in daath)	mmediata lariying r injury ts Last	c. Squ		Cell Ca		oma	of th	e To	nsil			10 month
the state of the s	Part II. Other signi	ificant conditions	d	eath but not r	asuiting in the u	nderlying o	ause g	iven in Part	l.				the cause of dea
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been should should letec						<u> </u>				24a. Was perfo	an autopsy ermed?	ava	ara autopsy finding ailable prior to impletion of cause death?
certificate has rector, page 2 Be Comp	25. Was case rafa	rred to medical						26 Plan	e of Deatl	1 []	****	10	Yas 2 No
this can all direct	axa <i>m</i> inar? 1⊈ Yas 2□] No	Hospitai:	inpatiant 2	☐ ER/Outpatie	nt 3 D	DA OI	har			dance 8 □Ott	ner (Specif)	1)
After funer floor.	27. Mannar of Dea 13. Natural 2 Accident	tth 5 ☐ Panding invastigat 8 ☐ Could not	ion	of injury th, Day Year)	28b. Tima o Injury	M	28c. Inju Wo 1 [iry at ork?]Yes 2□		28d. Describe	how injury occur	red	
upital or Attentions after deat serial Directors (illed in by the sal Certifical	3 Suicida 4 Homicida	determine	28a. Placi	a of Injury - At ing, atc. (Spe	homa, farm, st cify)	aat, tactor	y, offica			28f. Location (City or To	Street and Numi vn. Stete)	ber or Rura	l Routa Number,
n 24 h	29a. Cartifiar (Check only one)	Moduli Ex	Physician: To the aminer: On the b and man	best of my k asis of axami nar stated.	nowledge, deat nation and/or in	n occurred vastigation	at tha t	ima, data ar opinion, dar	nd place, ath occurr	and dua to tha red at tha tima,	causa(s) and m data and place,	annar as st and dua to	ated. the cause(s)
	29b, Signature in	// D	bug	11 11	h)			se nu <i>m</i> ber D0875	4		29d. Data signe August		
\sim	Thomas A.	. Bensing			am 23a) (Type, Greenwa		ter	Drive	e Gı	reenbel	t, Mary	Land :	20770
State Registrar	31. Data flied (Mor	1996	1 327	legistrar's Signal (1)	andell								



State of Maryland / Department of Health and Mental Hygiene

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	DV.				Certificate	of Death		Re	g. No.		
ĺ		A I	1. Decedent's Neme (First, Middle, L	ast)			I	2. Data of Daath	h	Maria	3. Time of Easth
	Physic /Medi		Gabriel R. Parha	am				August	13, 199	6 Coar	12:20 TM
Ď.	Examir		4a. Facility Neme (If not institution, g	ive street and number)		4b. City, To		ation of Death	4c. County	of Death	
7			VA Maryland Heal	lth care System	n	BALTI	MORE		N	4	
	Funeral Director			Sex 7. Age (In yrs	Jast birthday) If Under 1	Yaar If Undar Deys Hours	24 Hrs. Min.	8. Date of Birth	Year 933	9. Birthp	placa (State or Foreigntry)
	b >		Usuel Residence of Decedent 10a. Stete 10b. County \	10.0	Tank and and and			1			
	Se-f short	ector	md N	14	ity, Town or Location	0					10d. Inside City Limit
	ath with ti	Funeral Director	10e. Street and Number	St, # 17 R	10f. Zip C	21218	/	10	og. Citizenfol y	• C	s. A
020	72 hours after death with the Maryland natural; or items 23a or 28a-f show dical Examinet must be notified at	b	11. Maritei Status 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever in L Armed Forces? \\/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	2/53 If Yes, specify	nt of Hispanic Orl Cuben, Mexicar No Specify:	gin? (Spe n, Puarto F	cify Yes or No- Rican, atc.)		k, White,	can Indian, atc.
21215-0020	within 72 hours ane. then "neturel", he Medical Exa	Completed	15. Decedent's E (Specify only highast g Elementery/Secondary (0-12)	Education rade completed) Coilege (1-4or 5+)	18e. Decedent's Usuel (Give kind of work life. DO NOT use	done during mos retired)	t of workir) 1	16b. Kind of Bu	1	· C
Maryland 2	s 1 and 2 should be filed within 72 hr Health and Mental Hygiene. Item 27 is marked other than "natur other traumatic event, the Medical	To Be Co	17. Father's Nema (First, Middle, Las	Parham	orem		or's Name	(First, Middle, M	faiden Sumam	(a)	apins
	1 and 2 short Health and N em 27 is man	-	19a Informent's Name/Reletionship	(Type Pini) Scr	19b. Mailing Address (3	1 4	or or Rura	Poute Number	City or Town,	Spare, Zic	to, 12/21
Baltimore,	Page nent o ant: If I		20a. Method of Disposition 1 Burial 2 Cramation 3 Donetion 5 Other (Special Control of	Removal from State	Piece of Disposition (Name cemetery, crematory or other Strands		1 8	Spete 2	OWING	City or To	own, State
Balt	permit. Pag Department Important: I any Injury o		21. Signatur of Funerel Service Lice	D Hom	22. Name and 1 1 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Addrass of Facility	y W	h A	ı		
	Physician		23a. Pert . Enter the Assault, or con shock, or heart failure. List only	nplications thet caused the dee y one ceuse on each line.	th. Do not enter the mode	of dying, such es	cardiec or	raspiratory arra	st,		Approximete Interval Between Onset and Death
	/Medicai		Immediate Ceuse (Finel disease or condition	. Metabolic A	Acidosis					1	2 days
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	₽ #	ne	_	Pulmonary 1	Failure						4 wks.
	ecute ind trans	Examiner	Sequentially list conditions, if eny, leeding to Immadlete	Due to (or es a consequence of):						
ó,	e exe		cause. Enter Underlying Cause (Disease or injury	Idiopathic	Pulmonary fi	brosis				- 1	2 mos.
x 68760,	leath certificate be executed estending physician and d for use as the burial-transit	Medical	that initiated events resulting In deeth) Lest	Dua to (d	or as a consequence of):						3.50
8	death of attended for us	ician									
, P.O.	that the ed by the detacher	Phys	Pert II. Other eignificant conditions N/A	contributing to death but not res	suiting in the underlying cau	se given In Pert I			bacco uee cor e 2□ No	itribute te 3 □ Pro	o the cause of deat
Records,	aw requir	Completed by						24a. Wes an perform		av	ere autopsy findings reliable prior to empletion of cause deeth?
	The late he page	E O						1 ☐ Ye	s 24No	1[☐ Yes 2☐ No
Vital		Bec	25. Was case referred to medical			26. Place	of Deeth	(Check only one	9)		White He Are
£ \	Physician: mis certific	To	exeminer? 1 ☐ Yas 2 ☐ No	Hospitel: 1 Inpatient 2	ER/Outpetient 3□ DOA	Other:		ne 5 Raside		ar (Specil	fy)
ion o	After Fune		27. Menner of Death 1 Neturel 5 Pending 2 Accident investigation	28a. Dete of Injury (Month, Day Year)	28b. Time of Injury M	Injury at Work?	2	8d. Describe ho			
pivision	ta or Attano a shar dead al Director: sed in by the	Certification	3 ☐ Suicide 6 ☐ Could not determined		ome, ferm, street, factory, ofy)	offica	2	8f. Location (Str City or Town,	reet and Numb Stete)	er or Rur	al Route Number,

State Registrar

29a. Certifier (Check only one)

29b. Signeture and title of certifier

Medical

30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print)

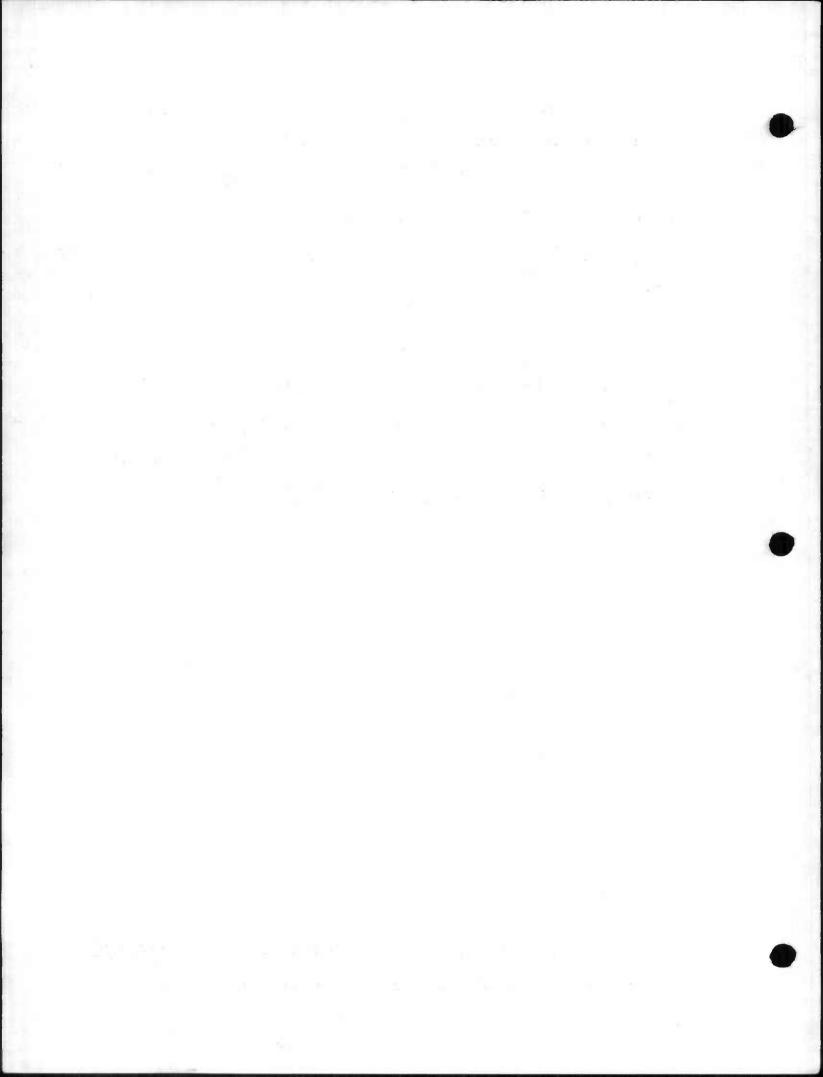
8622

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date end piece, end due to the cause(s) and menner stated.

29c. License number

29d. Data signed (Month, Day, Year)

22 South Greene Street, UMMS Baltimore, MD Sulekha Parshad, M.D., 31. Dete filed (Month, Dey, Year) AUG 16 1996



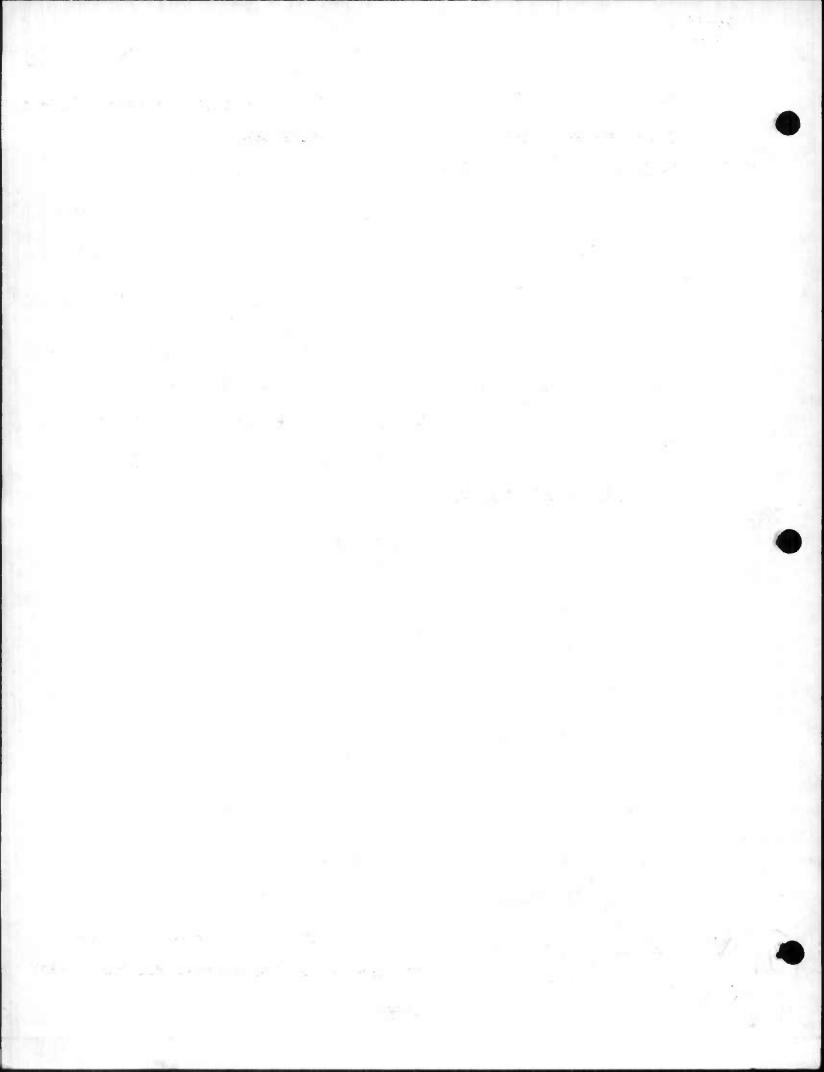
State of Maryland / Department of Health and Mental Hygiene

					Cer	tificate of	f Death	F	Reg. No.	90	24388
	Physic /Medi		Decedent's Name (First, Middle, Last JOHN	н.		PARK	KER JR.	2. Dete of Dee Month AUGUST		1996	3. Tima of Deeth 10:08 A
7	Exami	ner	4e. Fecility Neme (If not institution, give 3219 SEQUOIA	street end number) AVE			4b. City, Town, or BALTIMO		4c. County	of Deeth	+
	Funeral Director		10000000	X M 2□ F 7. Aga (In	yrs. last birthdey) 2 Yrs.	If Under 1 Yaa Months Deys			24, (934	9. Birthpla Country	ca (State or Foreign
Maryland 21215-0020	Mary land nd 2 should be file nd 2 should be file stiff and Mental Hy 27 is merked other fraumatic event,		Usuel Residence of Decedent 10e. Stata 10b. County 10e. Street and Number 11. Maritel Status 12 Never Married 2 Married 3 Widowed 4 Divorced 15. Decedent's Edu (Specify only highast grade) Elementery/Secondery (0-12) 17. Father's Neme (First, Middle, Last)	12. Wes Decedent Ever Amged Forces? 1 12 Yes, 2 □ No k If Yes, Give Yaar or Dates:	Orean 1	101. Zip Code 2 Wes Dacedent of Yes, specify Cu Yes 2 No	upation e during most of wo	Specify Yes or Noto Rican, etc.) rking me (First, Middle, i	Specify 16b. Kind of Bi Recu Meiden Surnerr	Whet Country 5 20 20 20 20 20 20 20 20 20	An Indian, c. ack
imore,	permit. Pages 1 end 2 sho Department of Health end important: if Item 27 is me any Injury or other traums		19a. Informent's Name/Relationship (7) 20e. Method of Disposition 10 Burial 2 Cremetion 3 F 4 Donetion 5 Other (Specify) 21. Signature of Funerel Sarvice Licens	ke - SIS-	Pleca of Disposematery, crem	ition (Neme of eton) or other plants Name and Add	es of Fecility F. H - U	8 Frola6	Ave 1 20c. Location -	Bulk	n, Stete
7	Physician /Medical Examiner	r	23e. Pert1. Enter the diseese, or complishock, or heert failure. List only or Immediete Ceuse (Finel diseese or condition resulting in death)	Atheros	death. Do not enter	Cardio	ring, such es cardie	or respiretory err		Ir	pproximete ntervel Between onsat end Death
Box 68760,	rise law requires that the death certificate be executed the has been signed by the attending physician end page 2 should be detached for use as the buriel-trensit	n/Medical Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Lest	Due t	o (or es a consequ						
S. S.	the attendir	Physician/	Pert II. Other significant conditions con	tributing to death but not	resulting in the un	derlying cause g	iven In Pert I.	23b. Dld to	obacco usa coi	ntribute to th	he cause of death?
O. T.	res that the oe signed by the a be detached f	by Phy	Asthma					1□ Y	es 2 No	3 Probal	bly Unknown
Records,	page 2 should b	Completed t	31					24e. Wes e perform	ned?	comp of de	
		Be C	25. Wes case referred to medical exeminer?				26. Place of Dee	ath (Check only on		1/8/	/es 2□No
0	this	٠ <u>۲</u>	11X Yes 2□ No 27. Menher of Deeth		2 ER/Outpetient	JU DOA		loma 5X Reside			
DIVISION	bath. br: After the funer	ertification:	1 ☑ Neturel 5 ☐ Pending Investigation	28e. Dete of Injury (Month, Day Yea	r) Injury	M 1	ork?]Yes 2 □ No	28d. Describe no	ow injury occurr	ed	
DIVIS TO TO	s efter death. N Director: After ed in by the funer	Certific	3 Suicide 6 Could not be determined	28e. Place of Injury - A building, atc. (Sp.	At homa, ferm, stre ecify)	et, factory, office		28f. Location (St City or Town	reet end Numb n, Stete)	er or Rural R	Routa Number,
Hoenite	hin 24 hours the Funeral	edicai (29e. Certifier 1□ Certifying Phys (Check only one) 1□ Medical Examir	Iclan: To the best of my er: On the basis of examend menner steted.	knowledge, deeth ninetion end/or Inve	occurred et the ti estigetion, in my	ime, dete end placa opinion, deeth occu	, end due to the ca rred et the time, de	ause(s) and me eta and piece, e	nner es stete and due to th	ed. ne cause(s)
	Comp	Me	29b. Signature and title of certifier	Let me		29c. Lican O • C •			9d. Data signed		
1	A)		30. Neme and eddress of person who co	mpleted cause of deeth (Item 23a) (Type, P	enn St	reet, B	altimor	re, Ma	rylan	d 21201

State Registrar

31. Dete filed (AUG 16 1996

32. Registres Signeture



Please	Type or Print in State of Maryla	and / De	epartmen	nt of H	Health a	and M		-	0 0	24389
Decedent's Neme (First, Middle, Las	-11		Certificat	te oi i	Deatn			g. No.		1
2011	TNC						2. Dete of Deeth Month	Day	Year 100/	3. Time of Deeth
4e. Facility Neme (If not institution, give	PEC	CK			45 City Tot	or l	HUGUST Location of Deeth	14 Cour	1990 nty of Deeth	5:55 am
Hospice at Mer	The state of the s			17		wn, or Lo			/A	
5. Sociel Security Number 6. Se		rs. last birth		er 1 Year	If Under 2	24 Hrs.			9. Birthp	place (State or Foreign
	1 9 M 2□ F 67	Yn	Months	Deys		Min.		1929	Coun	yland
Usual Residence of Decedent										
10e. Stete 10b. County		City, Town o							1	10d. Inside City Limits
Maryland Baltim	ore	Time	onium				12			1 ☐ Yas ZX No
10e. Street end Number 523 Wyngate R	≀oad			ip Code 21093	į		109	U.S.	f What Coun A .	try?
11. Maritel Status	12. Was Decedant Ever in Armed Forcas?	U,S.	13. Was Dece	adent of H	Ilspenic Orig	In? (Sp	pecify Yas or No- o Rican, etc.)		ece - Americ	
1 ☐ Navar Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	1 Yea 2 No If Yes, Giva Yeer or Detes:		1 Tas, spec				Hicari, etc.,	Speci		etc. hite
15. Decedent's Ed (Specify only highest grad	Jucation	16e. D	Decedent's Usua Give kind of wo	uel Occup	etion during most	of worl	rting 1	6b. Kind of	Business/Inc	dustry
Elementery/Secondery (0-12)	College (1-4or 5+)	- In	ine. DO NOT us lf Emple	usa retired	id)	Of tron		Saw &	Knife	e Sharpenin
17. Fether's Neme (First, Middle, Last)	,				18. Mothar	r's Nem	ne (First, Middle, Me	leiden Sum€	ame)	
Chester Ala	an Peck	Κ.)	Ele	eano	or	Rile	У	
19e. tntorment's Neme/Reletionship (7	Type, Print)	19b. A	vieiling Addres	s (Street	end Number	ir or Rui	ıral Route Number, (City or Tow	n, Steta, Zip	Code)
Patricia Peck	Wife		23 Wyng		Road	Tj	imonium,	Md. 2	1093	
20e. Method of Disposition 1	Removel from Steta	cematary.	Disposition (Ner cremetory or o y Valle	other plec	m. Gd	s. E			n - City or To ium, M	own, State Maryland
23a. Part Enter the edicate or companded or companded or companded or companded or companded or companded or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest	e	o (or es a cor	ot enter the mod	ode of dyin	ng, such es c	cardlec			WSOII,	Approxime Intervel Between Onset and Deeth
	d								1	
Part ii. Other significant conditions co	ontributing to death but not re	sulting In th	ne underlying o	cause give	en in Pert I.			bacco una ci		o the cause of death? bably 4 Unknown
							24e. Was en performe	a autopsy	ave cor of e	ere autopay findings allable prior to empletion of cause deeth?
25. Was case reterred to medical examiner?						ot Deer	eth (Check only one)) STEL	LA MAF	RIS AT MERC
1 ☐ Yas 2 No		☐ ER/Outpa			her: 4 Nurs	rsing Ho	lome 5 Residen	nce 6/10t	other (Specify	y) HOSPICE
27. Menner of Deeth 1/△Natural 5 ☐ Pending 2 ☐ Accident Invastigation		28b. Tim Inju	me ot 2 ury M	28c. Injury Work	ryet rk? Yes 2 □ N		28d. Describe how	v Injury occu	urred	
3 Suicide 6 Could not be determined		home, tarm	, atreet, factor	y, office			28f. Location (Stre City or Town,	set and Num Stete)	iber or Rura	I Route Number,
29e. Certifier (Check only one)	ysician: To the best of my kn niner: On the basis of exemin end mennar steted.	nowledge, d netion end/c	leeth occurred or investigetion	et the tim	ne, dete end pinion, deeti	plece, h occur	and due to the cau rred et the time, da	use(s) and n te end plece	nennar as st	ated. > the cause(a)
29b. Signeture and title of certifier			29	9c. Licanse	a number				ned (Month, I	
37.	Dungo	A		134	10480	0	/	Augen	54 13	5, 1996

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Physician /Medicai Examiner Physician/Medical Examiner

Physician

/Medical

Examiner

Funeral

Director

permit. Pages 1 end 2 should be filed within 72 hours after deeth with the Maryland Department of Heelth and Mantal Hygiene. Important: if them 27 is merked other than "natural", or items 23a or 28a-f ahow any injury or other traumatic event, the Mautral Examiner must be notified at other.

Baltimore, Maryland 21215-0020

Director

Funeral

by

Completed

Be

To the Hospital or Atlanding Physician: The law requires that the death cartificate be executed within 24 hours effer death.

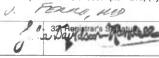
To the Funeral Director: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the buriel-transit Division of Vital Records, P.O. Box 68760,

Be Completed by

Medical Certification: To

State

FERRIANDO 31. Dete tiled (Month, Day, Year) AUG 16 1996



30. Neme end address of person who completed cause of deeth (Item 23e) (Type, Print)

Registrar

The second of the second secon the second of th

		1. Decedent's Name					20.00		Death	2. Dete of D			3. Time of Deeth
sici: edic		ALBER	T	EUGENE		PEAC	COCK			AUG.	14,	1996	12:50 P
min	er	4a. Facility Neme (II						4		r Location of Dee		inty of Deat	
	_	5. Sociel Security N			CENTE	Rs. lest birthday)	If Under 1	Year		LISTOWN		LTIMO	
al or		218–38–79 Usual Residence of	17	120 M 2□ F	55	Yrs.		Deys	Hours Mi	s. 8. Date of B (Month, E Oct 28	, 1940	Wash	hplace (Stete or Foreign untry) nington, D.(
		10a. State	10b. County		10c. C	City, Town or Lo							10d. Inside City Limits
	Director	Maryland	Baltim	ore City		Balti	more						1 X Yes 2 □ No
	Dire	10e. Street end Num	nber				10f. Zip (Code			10g. Citizen	of Whet Co	untry?
			4203	Edgehill					21211			USA	
	y Funeral	11. Maritel Status 1 ☐ Never Marrie		12. Was Deced Armed Ford 1 Yes 2 If Yes, Give	es? ₩ No	11	Vas Decede f Yes, specif I □ Yes 2		spenic Origin? n, Mexican, Pue Specify:	(Specify Yes or Narto Rican, etc.)	E	Bleck, White	rican Indien, e, etc. rhite
	d by	3 Widowed		Yeer or Dat	es:								
	Completed	(Speci		Education grede completed) College (1-4	for 5+)	(Give		done d retired	luring most of w	rorking	16b. Kind o		Industry
		17. Fether's Name (i	First Middle I a	et)		Pı	ece W	ork	Roofer	ame (First, Middl	Roofi		
Important; if then 27 is marked other any injury or other treumatic event, if once.	To Be			ter Peaco	ck				10. 1410(1167 5 14	Mannett			
		Joe Bostl		(Type, Print)						Rurel Route Num Baltim			
		20a. Method of Disp		☐Removat from St		Ptece of Dispos cemetery, crem	sition (Neme	e of ner plec	9)	Date	20c. Location	on - City or	Town, State
		4 Donetion	5 Other (Spe	cify)	Hi.	lltop S	ervice	e Co	. 8,	16/1996	Towso	on, Ma	ryland
a suce		23a. Pert1. Enter the shock, or heer	neral Service Li e disee de co t failure des on		Dendused the deach line.	В	Name and urgee-	-Her	ss Fune	eral Hom	e e Mary	vland	21211 Approximete Interval Between Onset end Death
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State Registrar

David R Faver
31. Date filed (Month, Dey, Yeer) 32. F

111 Penn Street, Baltimore, Maryland 21201 32. Registrar's Signeture

AUG 16 1996

May be with the

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene O.C.

				State of Maryla		rtificate of			eg. No.	0	243	91
	Physic /Medi		1. Decedant's Name (First, Middla, Last) John R. R	ucchio				2. Data of Deat Month	Day	Year 96	3. Tima of 0745	Death
	Examir Funeral	ner	4a. Facility Name, of not institution, give structured of Mary 5. Social Security Number 6. Jax	The second secon	al Sys Last birectay)	If Under 1 Year Months Days		8. Data of Birth (Month, Day NOV • 28	4c. County	Death 1111	LOPE	Cita
	Director		230 46 0357 Usual Rasidence of Decedent	^{2□} F 56	Yrs.		110010	Nov. 28	, 1939	Wash	ington	,D.C
	Marylan f ahow	20	10a. State 10b. County Maryland Anne Arun		city, Town or Lo Saltimor					10	0d. fnsida Cit 1 ☐ Yes	
	th with the 23e or 28e	al Director	10e. Street and Number 219 Old Riverside	Road	-	10f. Zip Code 212	25	1	0g. Citizan of V		try?	
020	ir, or items	by Funeral	11. Marital Status 1 ☐ Nevar Married 2 ☒ Married 3 ☐ Widowed 4 ☐ Divorced	Was Decedant Evar in CArmed Forces? 1 12 Yes 2 1 No if Yas, Giva Yaar or Dates: 58—		Was Decedent of I If Yas, specify Cub 1 ☐ Yas 2 🗷 No	Hispanic Origin? (Spe ean, Mexican, Puarto i Specify:	cify Yes or No- Rican, etc.)		e - Amaric ck, Whita, a		
Baltimore, Maryland 21215-0020	d within 72 hours after death with the Maryland jiene. Then "naturel", or items 23s or 28s-f show The Wedissi Examiner must be notified at	Completed	15. Decedant's Educat (Specify only highest grada control of the c	ion	18a. Daced (Give //fe.	dent's Usuai Occu kind of work done DO NOT usa ratire	during most of workli ed)	09	Govern		dustry	
nd 2	Hygi Hygi	Be Co	17. Fathar's Nama (First, Middla, Last)		500	or checker.	18. Mother's Nama		Aaiden Sumam	(8)		
ryla	Men Men arke	Tol	Euc 19e. informant's Name/Raietlonship (Type)	ene John Ru		na Addresa (Ctora	E1	izabeth			Codel	
, Ma	54 m m m		Eileen Rucchio	rimi)			rside Road		more, Ma		-	225
imore	Dellumore, IV semil. Pages 1 and Department of Health mportant: If Item 27 any injury or other tr		20a. Mathod of Disposition 1 □ Buriai 2 □ Cramation 3 □ Rem 4 □ Donation 5 □ Othar (Specify)		cematary, cran	esition (Nama of matory or other pla en Memor	ial Park 8		20c. Location - Glen Bu			land
Balt	Depart Depart Import any inj		21. Signature of Funeral Service Licensee	Long	4		hie Highwa	_	imore,			
	Physician /Medical Examiner)r	23a. Part1. Enter tha diseasa, or complical shock, or heert feliure. List only one of immediate Ceuse (Final disease or condition resulting in death)	Liver		lure	ng, such as cardiac o	r respiretory arra	ast,		Approximete interval Bety Onsat and D	мееп
ox 68760,	ificate be assected g physician and ass the burial-transit	v/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disases or injury that initiated evants resulting in death) Last		or as a conseq		- 1					
). Box	that the death cert ed by the attendin detached for usa	Physician/M	Part ii. Other significant conditions contrib	outing to death but not ra	sulting in the u	ndarlying cause gi	van in Part i.	23b. Did to	bacco use co	ntribute to	the cause o	of death?
, P.O.	signed by ti	by Phy	cirrhosis	5				1 🗆 Y	s ZENo	3 Prot	ebly 4 🗆 l	Unknown
Records,	aw requ	Completed b						24a. Was a perlom		cor	ara autopsy fi allabia prior to mpletion of ci daath?	0
a B								1 □ Ya	s 2 No	1 🗆	Yes 2	No
Vital	ysiciar is certif directo	To Be	25. Was case rafarred to medical axaminar? 1 Yas 2 No	pitel:	ER/Outpatien	nt 3 DOA Ot	28. Piaca of Death har: 4 ☐ Nursing Hon			ar (Specify	()	
Division of	or Attending Physician: The I after death. Director: After this certificate he in by the funeral director, page			28a. Date of Injury (Month, Day Year)	28b. Tima of Injury	28c. inju Wo		8d. Dascribe ho			,	
DIVIS	efter de Directo	Certification:	3 ☐ Suicida 6 ☐ Could not be 4 ☐ Homicide datarmined	28a. Placa of Injury - At I building, atc. (Spec	nome, farm, str ify)	eat, factory, offica	2	8f. Location (St. City or Town	reet and Numb , Stata)	er or Rura	i Routa Numi	ber,
1		edical	29a. Certifier (Check only one) 1 Certifying Physici 2 Medicat Examiner	an: To the best of my knors On the basis of examinating and manner stated.	owiedga, death ation and/or Inv	occurred at tha ti vastigation, in my	ma, data and piaca, a opinion, death occurre	nd dua to tha ca d at tha tima, da	ausa(s) and ma ata and piaca,	nnar as st and dua to	ated. tha cause(s))
-	推	M	290. Signature and title of conflier	2/m	1-	29c. Licen:	se number A	U4176438	9d. Date signed	4/9	Day, Year)	
			30. Name and address of person who comp BOWOUN 31. Data filed (Month, Dey, Year)	cause of death (ite	m 23a) (Type,	Print) 22 5	0036/A	ne St	. Bul	timor	e MD	2120
	Sta Registr		AUG 16 1996	32. Ragistrar's Sign	Monthers							

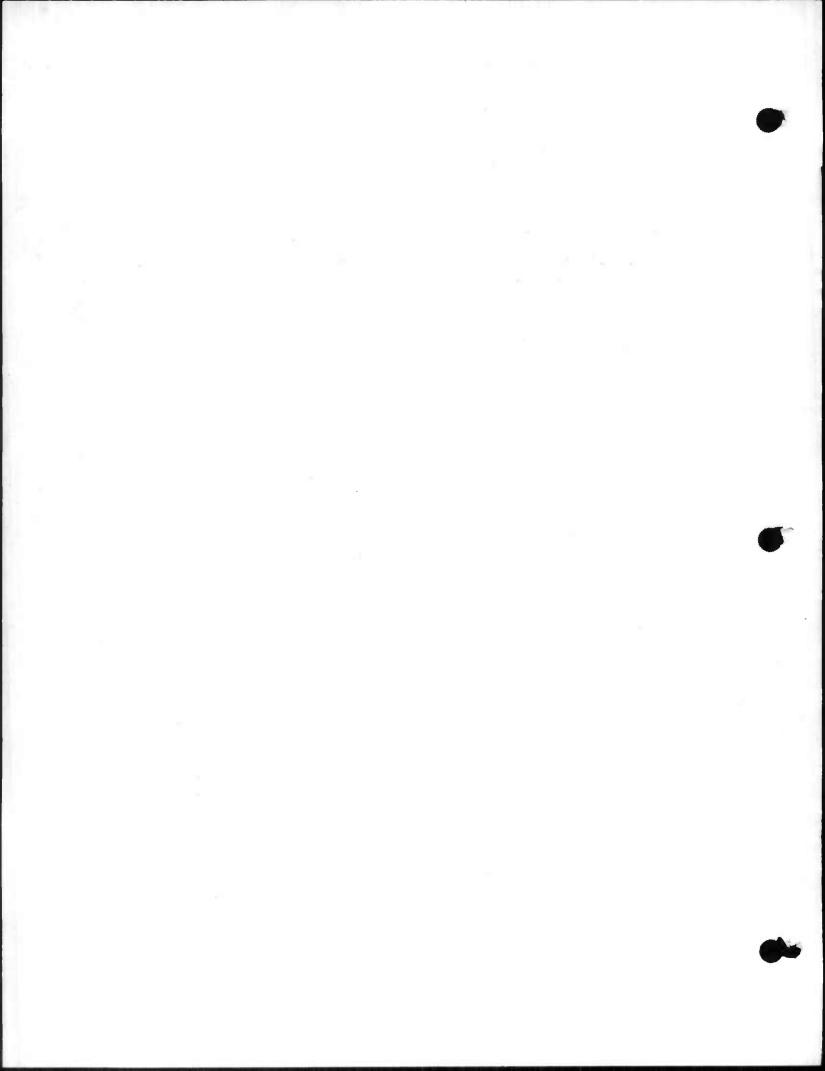
THE MUSTIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFI	CALE	F DEATH	REG.	NO.						
	1. DECEDENT'S NAME (First, Middle, Last) JOSE Phine MARIE RO	d,			2. DATE OF DEAT	H DAY	YEAR 3. TIME OF DEATH 96 2 5 An					
		yrs. lest birthday)	IF UNDER 1 YEA	IR IF UNDER 24 HRS.	7. DATE OF BIRTH	10	_	OK - AM				
	215-50-7050 10 HZ XF 9	YRS.	MONTHS DAY		(Month, Day, Yes		Count	8. BIRTHPLACE (State or Foreign Country) MARYLAND				
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOY	N OR LOCATION OF D			UNTY OF D					
OR	MERIDIAN LOCH RAVEN		TOW	SON			BALTIMORE					
DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY											
IRE			TOWN OR LO					10d, INSIDE CITY LIMITS?				
	MARYLAND BALTIMORE 100. STREET AND NUMBER	PE	RRY HA					1 YES 2 X NO				
FUNERAL			107. ZIP CODE			10g. Cf	rizen of v	WHAT COUNTRY?				
Ä	16 LEINSTER GARTH		21234				USA					
	1 Never Married 2 Married FORCES? 1 YES	2 XNO	MED 13. WAS DECENDENT OF HISPANI O If yes, specify Cuban, Mexican			y Yes or No-	14, RACE Black	E — American Indian, k, White, atc.				
BY	3 ▼ Wildowed 4 □ Divorced IF YES, GIVE WAR OR DATE	ES	10	rES 2 X NO Speci	fy:		Speci	WHITE				
	15. DECEDENT'S EDUCATION 1	6a. DECEDENT'S L	ISUAL OCCUP	ATION	16b, KIND OF	BUSINESS/IN	OUSTRY	WILLE				
Ē	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of we life. Do NOT use	ork done during retired.)	most of working	2:00:00							
AP.	12th GRADE	HOME	MAKER		OWI	N HOME						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	AME (First, Middle, Me	iden Surname)						
BE (GEORGE NEUMEISTER			BARBA	RA MARIE	KARMEI	N					
10	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Sine	et and Number or Rural	Route Number, City or	Town, State, Z	ip Code)					
	GEORGE REED	16 LI	EINSTE	R GARTH	BALTIMORE	E, MD	2123	34				
		LACE AND DATE OF		(Name of	OATE 200	LOCATION -	- City or To	rwn, State				
	4 Donation 6 Other (Specify) MOS	T HOLY I		ER	8/13/96	BALT	IMORE	, MD				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY TOY DICONT											
	JOHNSON FUNERAL HOME 8521 LOCH RAVEN BLVD. TOWSON, MD 21286											
	23. PART i. Enter the diseases, or complications that caused to	ha death. Do no	of enter the	mode of dying, suc	ch sa cardiac or n	papiratory a	rrest.	MD 21.286				
	shock, or heart failure. List only one cause on aac iMMEDIATE CAUSE (Finel	h iina.						interval Batween				
	IMMEDIATE CAUSE (Finel disease or condition Rose Prince Tony Failure Onset and Death											
		ONSEQUENCE OF)	T	Coo								
z	- Ponaccionela -											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):											
<u>S</u>	cause. Entar UNDERLYING CAUSE (Disease or injury Cause (Disease											
E	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST											
Ä	d											
	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a, WAS AN AUTOPSY 24b, WERE AUTOPSY FINDS											
EDICAL	Denoutia				PERFORMED?			AMILABLE PRIOR TO COMPLETION OF CAUSE				
				<u> </u>	1 YE	S 2 NO		OF DEATH?				
Σ.	DID TOBACCO USE CONTRIBUTE TO CAUSE OF	DEATH YES		☐ UNICEDTAL				1 TYES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26.	PLACE OF DEATH			N L J							
Sic	EXAMINER? . HOSPITAL: 1 YES 2 NO 1 Input 2 ER/Outpati		OTHER:	lome & Pasidana	A C Other (Constitution							
Ŧ	27. MANNER OF DEATH 28s. DATE OF INJURY	28b. TIME	OF 28c.	lome 5 Residence		OW INJURY OF	CURED					
1	1 Deturn 5 Pending (Month, Day, Year) 2 Accident Investigation	INJU	RY	WORK? YES 2 NO	26d. DEŞCRIBE HOW INJURY OCCURED							
BÝ	3 Suicide 28a, PLACE OF INJURY	At home, farm, at			281, LOCATION (Str	eet and Numbe	or Rural F	Poute Number				
TED	3 Suicide 8 Could not be detarmined 228. PLACE OF INJURY — At home, farm, street, tectory, office 5 United Suicide 5 City or Town, Stete) 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)											
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the heat of my knowled	ne death occurred	Let the time of	ate and alone and store	A. M							
M	29a. CERTIFIER (Check only one) 1 DERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and dus to the cause(s) end manner as stated. MEDICAL EXAMINER: On the basis of axemination and/or investigation, in my opinion, death occurred at the time, date and place, and dus to the cause(s) and manner as stated.											
	506 BUSINATURE AND THE OF PRINCIPO											
띪	290. LICENSE NUMBER 290. LICENSE NUMBER 290. LICENSE NUMBER A 9 194 195 195 196											
2	30. NAME AND A CORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Symposium TD 10 (1 R iA)											
	4720 Engl Rd. Ballings Hed - 71331											
	31. DATE FILED (MONITY PRY, Year) 2 1000 32. REGISTBAR'S RIGHATURE											
	AUG I 6 1996 Fisha Daird		200									
	y											



State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 2. Dete of Deeth 3. Time of Deeth 11, 1996 AUGUST 10:00 A.M.

Physician /Medical **Examiner**

MD

10d. Inside City Limits

Yes 2 No

Funeral

Director 28a-f show

Director

Funeral

þ

Completed

Be

2

with the Maryland r than "natural", or items 23a or 28a-f sho the Medical Examiner must be notified at permit. Pages 1 and 2 should be filed within 72 hours after death v Department of health and Mental Hygiene. Important: if then 27 is marked other than "natural", or items 23s any injury or other traumatic event, the Man

Physician /Medical Examiner

be executed Bug physician a to the burialcertificate 8 8 attending for use as the death 8 8 signed by to d be detach requires that law ate has page 2 certificate 2 Aller Attending death. after Dire e Hospital

Physician/Medical

þ

Completed

Be

2

Certification:

edical

Box 68760

P.0

Records,

Division of Vital

1. Decedent's Neme (First, Middle, Last) THOMAS GREGORY RYAN 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth V.A. MEDICAL CENTER FORT HOWARD BALTIMORE If Under 1 Yeer If Under 24 Hrs.

Months Deys Hours Min. 8. Dete of Birth (Month, Dev. Year) 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) Deys Months 11 M 2□ F 577-24-2476 74 Yrs Usuel Residence of Decedent 10a. Stete 10b. County 10c. City. Town or Location MD N/A Baltimore 10e. Street end Number 10g. Citizen of What Country? 10f. Zip Code 3232 Elliot Street 21224 USA 12. Wes Decedent Ever in U.S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indien, Bieck, White, etc. 11. Meritel Stetus 1 Never Merried 2 Merried 1 X Yes 2 No if Yes, Give V Yeer or Detes: 1 ☐ Yes 2 No WW II Specify: white 3 ☐ Widowed 4 ☐ Divorcad 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) unk. unk. Merchant Seaman Shipping 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Thomas G. Ryan Sr. Camilla Amoss 19e. Informent's Name/Reletionship (Type, Pnnt) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Mary Vorsteg / niece 8215 Philadelphia Rd. Baltimore, MD 21237 20b. Pieca of Disposition (Neme of cemetery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete Dete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Baltimore National 8-14-96 Baltimore, MD 21. Signature of Funeral Service Lio 22. Name end Address of Fecility Cvach/Rosedale Funeral Home 1211 Chesaco Ave. Baltimore, MD 21237 23a. Pert1. Enter the disease, or complicefions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Immediete Cause (Finel SQUAMOUS CELL CANCER OF LUNG WITH LIVER METASTASIS diseese or condition resulting in deeth)

Due to (or es a consequence of).

Approximete Intervel Between Onset end Deeth 3 MONTHS

Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Diseese or Injury that initieted events resulting in death) Lest

Due to (or es e consequence of)

Due to (or es e consequence of):

Pert tl. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death? 1 X Yes 2 No 3 Probably 4 Unknown

DIABETES MELLITUS

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

24e. Was an eutopsy performed?

1 Yes 2 No

24b. Were autopsy findings available prior to completion of cause of deeth? 1 ☐ Yes 2 ☐ No

25. Wes case referred to medical examiner? 1 Yes 2 No

27. Manner of Deeth

2 Accident 3 Suicide

4 Homloide

1 Neturei

Hospitei: 28e. Dete of injury (Month, Dey Year)

28b. Time of

1 Inpatient 2 □ ER/Outpatient 3 □ DOA

28c. Injury at Work?

Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 28d. Describe how injury occurred

1 ☐ Yes 2 ☐ No 28e. Piece of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

26. Place of Deeth (Check only one)

15 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end manner as stated.

2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end piece, and due to the cause(s) end menner stated. 29a. Certifier (Check only one)

29b. Signeture and title of cartifier

29c. License number

29d. Dete signed (Month, Day, Year)

D30528

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

BALA S. DUGGIRALA, M.D., 9600 NORTH POINT ROAD, FORT HOWARD, MARYLAND 21052 31. Dete filed (Month, Dey, Year)

State Registrar

AUG 1 6 1996

5 Pending

Investigation

6 Could not be

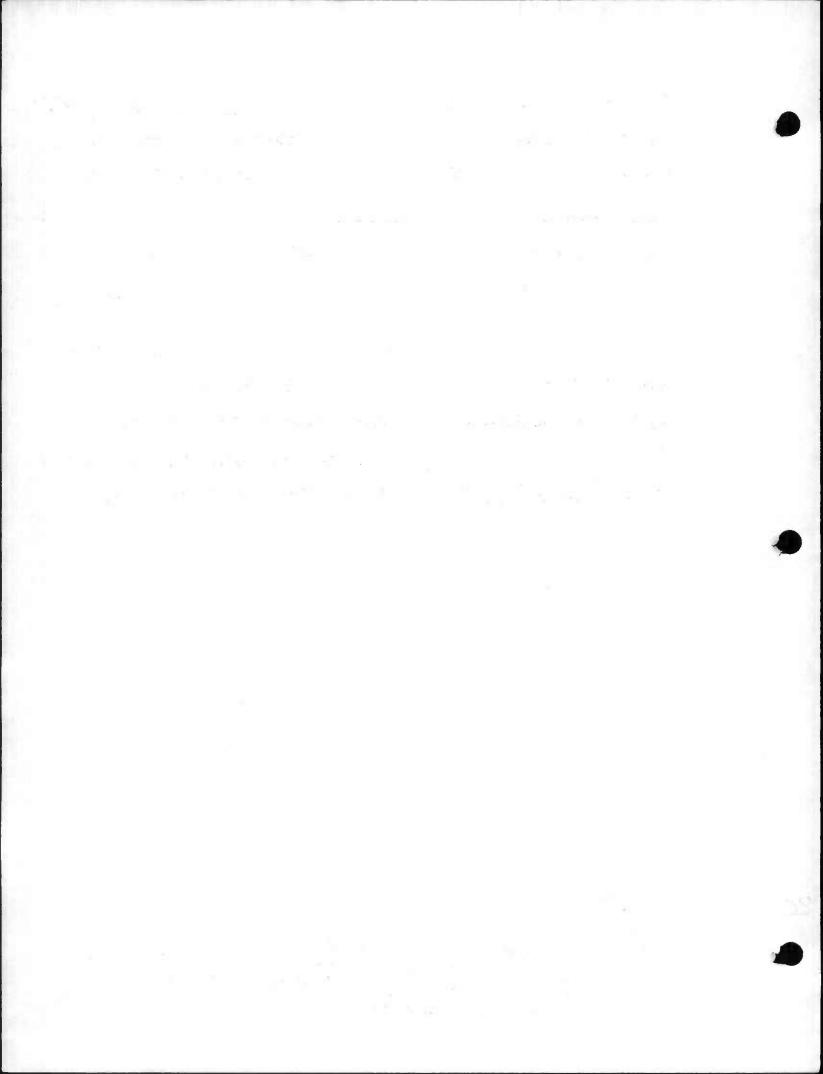


DHMH 16 Bay 6/95

Furneral

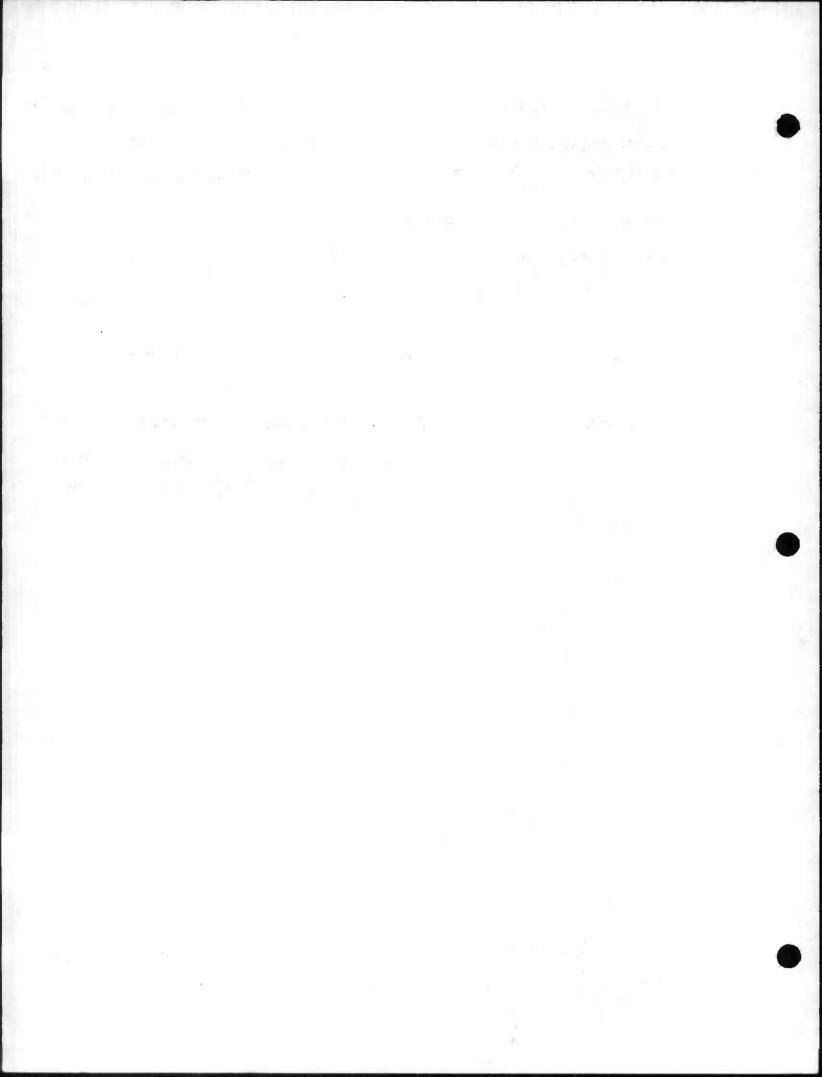
State of Maryland / Department of Health and Mental Hygiene 96

				Certificate of	Death	Re	g. No.	0 4 70 74										
	Physic /Medi		1. Decedant's Nama (First, Middle Lest) ONE C. SIMMONS SV.			2. Data of Death Month	Day 9	aar 11.45A1)										
	Examii	ner	4a. Facility Nama (If not institution, give street and number) 316 Harding Avenue	4	46. City, Town, or Lo Baltim		4c. County of Bala	Death timore										
	Funeral Director		5. Social Security Number 218-10-8796 Usual Rasidance of Decedant	oirthday) If Undar 1 Yaar Months Days	If Undar 24 Hrs. Hours Min.	8. Data of Birth (Month, Day, June 1,	Year) 1913	D. Birthplace (Stata or Foreign Country) Texas										
	/land			wn or Location				10d. Inside City Limits										
020	Sa-1 of	ctor	Maryland Baltimore	Baltimore				1 □ Yas 2 X No										
	ath with th	ral Director	100. Street and Number 316 Harding Avenue	10f. Zip Coda	21220	10	og. Citizen of Wh	at Country?										
	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show may highly or other traumatic event, the Medical Exempres must be notified at adds.	by Funeral	11. Marital Status 1 Navar Married 2 Married 3 Nidowed 4 Divorced 12. Was Decedent Evar in U,S. Armed Forces? 12. Was Decedent Evar in U,S. Armed Forces? 14. Was Decedent Evar in U,S. Armed Forces? 15. Was Decedent Evar in U,S. Armed Forces? 16. Yas, Giva Yaar or Datas:	13. Was Dacedent of H It Yas, specify Cube		ecify Yas or No- Ricen, atc.)	Black,	Amarican Indian, White, atc. White										
21215-0	should be filed within 72 h nd Mental Hygiena. marked other than "natu Imatic event, tina Modesal	Be Completed	15. Decedant's Education (Specify only highast grada complated) Elamentary/Secondary (0-12) Collega (1-4or 5+)	a. Decedent's Usual Occup. (Giva kind of work dona of life. DO NOT usa retired Welder			nass/Industry											
bu	al Hyg other vent,	3e C	17. Fathar's Nama (First, Middla, Last)		18. Mothar's Name													
yla	Ment Ment Merked Merked Merked Merked	To	Joshua V. Sammons		Mary		monette											
Mai	and 2 sh salth and n 27 is m er traum		19a. Informant's Name/Ralationship (Type, Print) Mary E. Marks (daughter)	b. Malling Addrass (Streat)				ata, Zip Code) 236										
re,	other		20a. Mathod of Disposition 20b. Place of	of Disposition (Nama of ary, cramatory or other place			-	ty or Town, Stata										
	Pagas ment of I ant: If ite ury or o'		LADUIR 2 Cramation 3 Lihamoval from Stata	Hill Memoria	*	/17/96	Baltimor	ie, Maryland										
	Departi Departi Imports any inju		21. Signatura of Funaral Service Licensea	22. Nama and Addras Schimunek 9705 Belo		Homes,	Inc.	21236										
	A STATE		23a. Part1. Enter tha diseesa, or complications that deused tha death. Do shock, or haert tailura. List only ona causa on eech lina.	not enter tha moda ot dyln	ng, such as cardiac o	or raspiratory arre	st,	Approximata Intarval Batween										
1	Physician /Medical Examiner		rasulting in daath)	At Lung	Cano	er		Onset and Death										
-	De de	liner	- b	consequence ory.														
90,	cate be executed physician and the burial-transit	VMedical Examiner																
Box 68760,	ding ding		150	150	150	*	150	150	150	150	150	150	*	that infliated evants resulting in death) Last Due to (or as a	consequence of):			
ě.	death e atta ed for	Physician/	Part II. Other significant conditions contributing to death but not resulting	In the underlying ceuse giv	an In Part I.	23b. Did tot	sacco use contr	bute to the cause of death?										
s, P.O.	that the	Completed by Phys	Left repriechmy for	LE SE		1 □ Ye		☐ Probably 4 ☐ Unknown										
Records,	aw nequir is been s 2 should		Carcinoma, den	nentice		24a. Wes an perform		24b. Were autopsy findings available prior to completion of cause of death?										
a H						1 □ Ya	s 20 (No	1 Yas 2 No										
Vital	Physician: The This certificate ral director, pay	o Be	25. Was cesa rafarred to madicel axaminar? 1	Other	26. Placa of Death	1		(0										
0	g Phys lar this naral d	-	27. Mannar of Death 28a. Data of Injury 28b.	Outpatient 3 DOA 28c. Injury Work	y at	28d. Describe ho	nce 8 Other w injury occurred											
Sion	Attending F r death, ector: After by the funer	catio	2 Accident invastigation	M 10	Yas 2□No													
Division of	유류등로	Certification:	28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Streat and Number or Rural Rou City or Town, Stata)															
>	e Hospital 24 hours e Funeral detely filled	edical	29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge of the basis of axamination er one) 2 Medical Examiner: On the basis of axamination er one) 3 manuar statad.	e, deeth occurred at tha tim nd/or invastigation, in my o	ne, dete end plece, a pinlon, deeth occurr	and dua to tha ce ed at tha tima, da	use(s) and menn ta and place, and	er as stated. d dua to tha ceuse(s)										
	To the	Me	29b. Signatura and titla ot certiflar	29c. Licansa	a number 3 547	29	d. Data signed (Month, Day, Year)										
		1	30_Name and address of person who completed cause of daa;h (I/om 23a)	(Type, Print)	7.11	10.1	2123	10										
	Sta	te	31. Data tiled (Month, Day, Year) 32. Registrar's Signatura	12/	outo,	1101	123)										



State of Maryland / Department of Health and Mental Hygiene

					,		ficate of	Death		Reg. No.	6 51	1393
	6 1		1. Decedant's Nama (First, Middle, Last)						2. Dete of Dee			. Time of Daath
	Physici /Medic		CLARA SK	OW					AUGUS		1996 C)730 AM
	Examin		4a. Facility Name (If not institution, give s	treet end number)				4b. City, Town, or L	ocation of Death	4c. County	of Death	
			Harbor Hospital					Baltimor		N/		
	Funeral Director		233 42 3242	7. Aga	(In yrs. last bi		If Undar 1 Year Months Deys	Hours Min.	8. Data of Birtl (Month, Day Sept. 2	, Year) 24, 1915	9. Birthplaca Country) Penris	(Stata or Foraign ylvania
	and w		Usual Rasidence of Decedent 10a. Steta 10b. County	1	10c. City, Tow	vn or Locat	tion				10d. I	Insida City Limits
	Maryl 4 ehc	ō	Maryland N/A			imore						1⊠Yes 2□No
	28e	rec	10e. Street and Number				10f. Zip Coda			10g. Citizen of V	Vhat Country?	
	h with	al Di	56 W. Talbott Str	reet		:	212	25		U.S	5.	
	deat	ner	11. Marital Status	12. Was Decedant Ev Armed Forces?	ar in U,S.	13. Wa	s Decedent of h	dispanic Origin? (Sp an, Maxican, Puerto	pecify Yas or No-	14. Rao	e - Amarican Ir	ndlan,
Maryland 21215-0020	d within 72 hours after death with the Maryland jene. r than "natural", or items 23a or 28=4 show the Modeal Emmer must be notified at	by Funeral Director	1 ☐ Naver Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 ☑ No If Yas, Giva Yaar or Datas:			Yas 2 XXNo	Specify:	o riloan, atc.)	Specify	wk, Whita, etc. Whi	te
5-0	72 hc natur	eted	15. Decedant's Educ (Specify only highast grada		16a	. Decedan	t's Usual Occup	pation during most of wor	kina	16b. Kind of Bu	usiness/industr	у
121	within 72 ene. than "nat	Completed	Elementary/Secondary (0-12)	Collega (1-4or 5+))		Decedant's Usual Occupation Give kind of work dona during most of work iifa. DO NOT usa ratired)			O II-		
7	e filed v al Hygie other t vent, th		12th 17. Fethar's Name (First, Middle, Last)	Home Make			18. Mothar's Name (First, Midd		Own Ho			
an	ould be i Mental i arked or etic eve	Be C	17. Februar S Francis (First, Mildere, Last)	unknown			18. Mothar		nknown	Maluen Suman	re/	
N Z	should nd Men marke ametic	입	19a. Informant's Name/Ralationship (Typ					and Number or Ru		r. City or Town	Stata Zin Con	de)
	nd 2 salth ar 27 ie r treu		Donald Skow	,		_		t Street				d 21225
re,	of Health Item 27 other tr		20a. Method of Disposition		20b. Placa o	of Dispositi	on (Nama of lony or othar pla	cel	Deta	20c. Location -		
mo	Pages nent of I ant: If its ury or or		1 ☐ Burlal 2 ☐ Cremation 3 ☐ Re 4 ☐ Donetion 5 ☐ Other (Specify)					rial Park		Baltimo	re, Ma	ryland
Baltimore,	permit. Pages 1 and 2 should be filed Department of Health and Mental thy Important: if item 27 is marked other eny injury or other treumatic event, Once.		21. Signature of Funeral Service License	0	/	-	lama and Addra			uneral	Home P	•A•
Ш	80 = 99		4001 Ritchie Highway Baltimore, Mc									
			23a. Part1. Enter the disease, or complice shock, or heart failure. List only on	ations that caused the	ha daath. Do	not entar t	tha moda of dyl	ng, such as cardiac	or raspiratory ar	rast,	App	proximate arval Between
	Physician								<u> </u>		On	sat and Death
	/Medical Examiner		Immediata Causa (Finei disaasa or condition resulting in death)	Actes	rivect	erst	ie Co	ronary (pacolo	· Dua	ve.	
		-e		D	ue to (or as a	conseque	nca of):					
	petro p	-Fi	b. Due to (or as a consequence of):									
oʻ	ficate be execut physician and is the burlat-tran	edical Examiner	Sequentially list conditions, if any, leading to immadiata cause. Entar Underlying Cause (Diseasa or Injury that initiated avants	, , , , , , , , , , , , , , , , , , ,	do to (or as a	COMSOQUE	rica orj.					
68760,	og physicia as the bur	lical	Cause (Disease or Injury that initiated avants rasulting in death) Last Due to (or es e consequence of):									
	귀 본트	Med										
Вох	death car e attendin ed for use	lan/	d.						-			
P.0.	the de parties a stached f	Physician/M	Part II. Other significant conditions cont	-	_				23b. Dld t	obacco uss co	ntributs to the	cause of death?
	2 28	Ph /	Chonie Osstr	roetieec	100	new	1 1200	earl	101	/es 2□ No	3 Probabl	y 4 Unknown
Sp.	8 68	d by	Dioletu						24a. Was	an autonsv	24b. Were a	utopsy findings
00		Completed	- doleto						perfor	med?	evalleb	ole prior to
Re	delant: The law certificate has b rector, page 2 s	Dub							1 D Y	as 2 No		es 2 No
ta		BeC	25. Was casa rafarred to medical					26. Placa of Dea			10 10	5 211110
>	E #0	ToB	axaminar? 1 Yas 2 No He	ospital:	2 (XER/O	utpatient	3 DOA Oth	or:	oma 5 ☐ Rasid		ar (Specify)	
0	Marth Thersh		27. Mannar of Death 1 SNatural 5 Panding	28a. Data of Injury (Month, Day)		Tima of Injury	28c. Inju	ry at	28d. Dascribe h	ow injury occur	red	
Sio	Attending or death. ector: After by the tune	catle	2 Accidant investigation		1931	, , ,		Yas 2 □ No				
Division of Vital Records,	al or Attending Pi after death. I Director: After to of in by the tunera	Certification:	3 Suicide 6 Could not be datarmined	28a. Placa of Injury - At homa, farm, streat, fectory, office building, atc. (Spacify)				281. Location (Street and Number or Rural Routa Number, City or Town, Stata)				
1	Hospin Schour Funera	edical	29a. Cartifier (Check only one) 1 CCertifying Physic 2 Medical Examine		xamination an							
(o duo	Me	29b. Signetura and titla of certifier	and mainial state	iw.		29c. Licens	sa number		29d. Data signed	d (Month, Day,	Year)
1			Heiliael Per	(aums)			-	1011-				
,	1	-	30. Name and addrass of person who cor	(Type Pri	nt)	171766	1	40)01	, (2)	776		
	V			autz 120 6	206 -	tann	ont lai	D1966	do, ord	2127		
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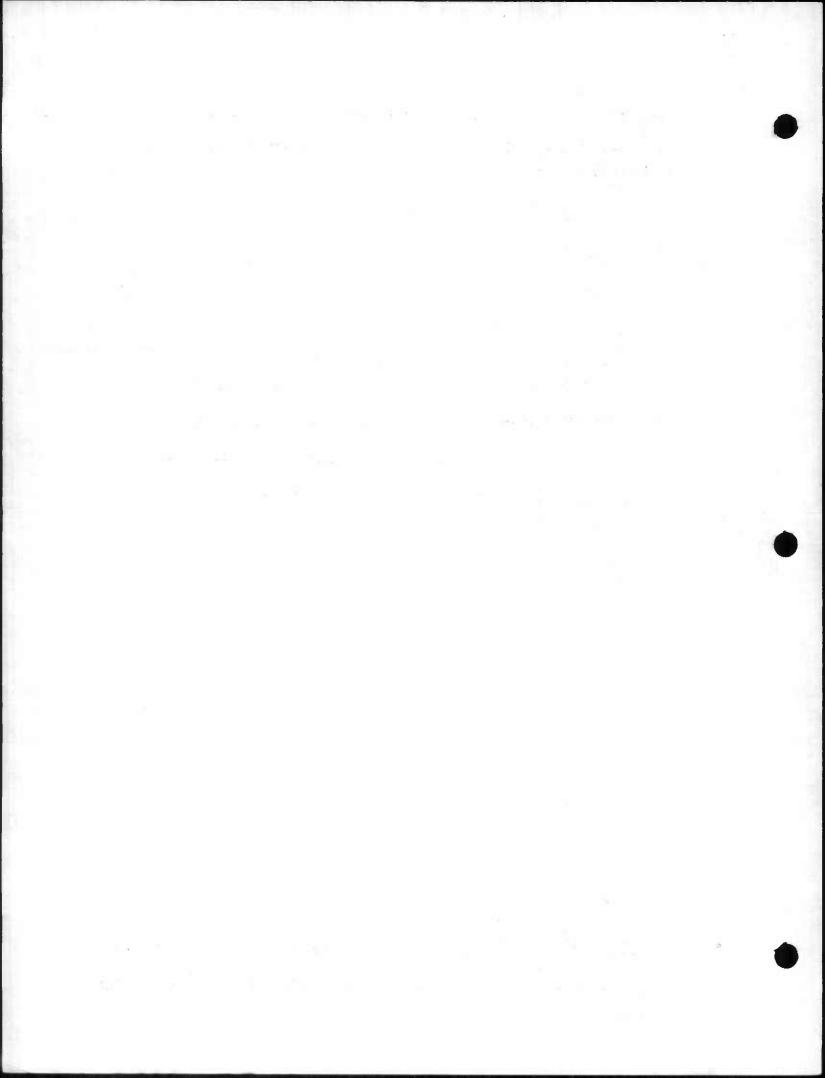


State of Maryland / Department of Health and Mental Hygiene 96 21,396

						Cer	tificate of	Death		Reg. No.		() P	0 0 0	
			1. Decedant's Neme (First, Middle, L.					2. Data of Death			3. Tir	ne of Death		
	Physici /Medi		STANLEY STEPHEN		STRUZINSKI			AUGUST	Dey Year 13, 1996		5:0	5 PM		
1	Examir				011	CONTRACT	4b. City, Town, or L							
	Exami		THE JOHNS HOPKI	NS HOSPITA	Τ.		BALTIMOR		CITY	N/A	A			
Н	Funeral				ga (In yrs. la:	st birthday)	If Under 1 Year	if Under 24 Hrs.	B Date of Bir	lla .		piece (S	tete or Foreign	
в	Director		213 14 9625		30	Yrs.	Months Days	Hours Min.	06 02	16°	Mar	ylar	nd	
	pu ,		Usuai Residence of Decedent 10a, Stata 10b, County		10- 04-	T								
	ahon ahon	2	Md. 10b. County N/A			Town or Local								
	No N	Director	10e. Street and Number										7100 20100	
	ith with the Marylan 23a or 28a-f ahow ust be notified at		418 Elrino Str	eet			10f. Zip Code 21224		USA					
	Hems Descri	Funeral	11. Marital Status	12. Was Decedent Armed Forces	as Decedent Evar in U,S. med Forces? 13. Was Decedent of Hispenic Origin? (Simed Forces?			Decify Yas or No-						
020	72 hours after deeth with the Maryland natural; or items 23a or 28a-f ahow olds! Examinet must be notified at	by	1 □ Navar Merried 2 ☑ Married 3 □ Widowed 4 □ Divorced	1 ☐ Yes 2 ☐ If Yas, Giva Year or Detes:	No	1 ☐ Yas 2 🖾 No Specify:			7 (1001)				hite	
21215-0020	72 ho	Completed		15. Decedent's Education (Spacify only highest grade completed)			lent's Usuei Occup	petion during most of work	kina	16b. Kind of B	f Business/Industry			
121	within 72 ho llene. r than "natur the Medical	mple	Eiamentary/Secondery (0-12)	Collega (1-4or	completed) Collega (1-4or 5+) (Giva kind of work done during most of work life. DO NOT use retired)					Md Sta	State Unemploymen			
2	filed within Hyglene. other than	S		6	0							. realig		
Maryland	A T E A	To Be	17. Father's Neme (First, Middle, Las Joseph Struzin											
	d 2 sh th end 7 is m traum		19e. Informent's Name/Reletionship Mary G.Struzins	(Type, Print) ki,Wife				t and Number or Rust. Balto.			own, Stete, Zip Code)			
re,			20e. Method of Disposition		000	ce of Dispos	sition (Neme of netory or other ple	ace) i	Dete	Dete 20c. Location - City or Town, Stete			ite	
Baltimore,	Pages nent of I int: If its		1 ☑ Burial 2 ☐ Crametion 3 [4 ☐ Donetion 5 ☐ Other (Special	slaus Cer		ery 8-17-96 Balto.,Md.								
	Property Park		21. Signature of Funerei Sarvice Lica	insee			. Name end Addre							
m	Dep dus du de de de de de de de de de de de de de		harler	b. But	-			. Zeiler						
			23a. Part1. Enter the disease, or con	nplications that cause	d the daath.	Do not ante	224 East	yern Ave. ing, such es cerdiac	or respiretory a	rest,	1	Approx	kimata	
4	Physician		shock, or heart feilure. List only	ona causa on aacri i	ine.						1	Onsat	and Death	
A	/Medical Examiner		Immediate Cause (Finel disaesa or condition	Adult	Rese	pirat	ory D	stress	Sunda	ome,	1	10	days	
н	Examiner		resulting in deeth)	6 .		es a conseq			1				-	
-	sit ed	Examiner		b. Aspic			neumor	na			ŀ	2 n	reeks	
	and I-tran	хап	Sequantially list conditions, If any leading to immediate										/	
68760,	rificate be executed ng physician and as the burial-transit											reks		
387	phys the	edicai	thet initieted events resulting in death) Last		Due to (or a		,				i			
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Box	attendia for use	Physician/	Doct II Other standards and Illians			ant Did	onto, Dey, Year) Maryland 10d. inside City Limits 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
o.	tha tha	hys	Pert II. Other significant conditions	contributing to death t	out not result	ing in the ur	idaitying cause gr	ven in Pert I.						
٦,	that ned b	by P							''	198 2 140	Sparie	<i>rueury</i>	- Unknow	
rds	requires t										24b. W	Vere euto	psy findings	
00	T 80	ete							perfo	ormed?	C	ompletion		
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tal			25. Was case referred to medical					Of Disease Des				LI TAS	ZINO	
	Physician: this cartific ral director,	o Be	axaminer? 1 ☑ Yes 2 ☐ No	Hospitei:	ont 2DE	P/Outpation	Oti	hor			or (Coop	46.4)		
o			1 24 inpatient 2 EH/Outpatient 3 DOA 4 Nursing Home 5 Heside									17/)		
O	tending Ph leath. lor: Attar th the funeral	tlor	1. Neturel 5 ☐ Pending 2 ☐ Accident invastigetic		y Year)	Injury		rk?]Yes 2 □ No						
Division	Attending r death. ector: Atta by the fune	fice	3 Suicide 6 Could not be 28e Place of Injury - At home form street factory office						28f. Location (Street and Numl	ber or Rui	al Route	Number,	
ă	or Att	building, etc. (Specify) City or Town, State)												
	ve Hospital or Att n 24 hours after of e Funeral Direct bietaly filled in by	edicai C	29a. Certifier (Check only one)	hysicien: To the best miner On the besis o	f axaminatio	edga, death in end/or inv	occurred et the ti restigetion, in my o	me, deta end plece, opinion, deeth occur	, end dua to tha rred et the time,	ceusa(s) and m dete and plece,	anner as	stated. to the ce	use(s)	
	1	Me	29b. Signetura end title of certifier	210			29c. Licens	sa number		29d. Data signe	d (Month	, Day, Ye	ear)	
	- 3 6		1/1/1 K	1 / 14	0		Al	9140		August	12	10	96	
	4		NNW SA	for M	/			7170		rugusi	ر. ،	17	10	
			30. Neme end eddress of person who	completed ceusa of	Daeth (Itam 2	(Type, I	rint)	1. LIE 6.	1 01	1	115			

32. Ragistrar's Signature

State Registrar

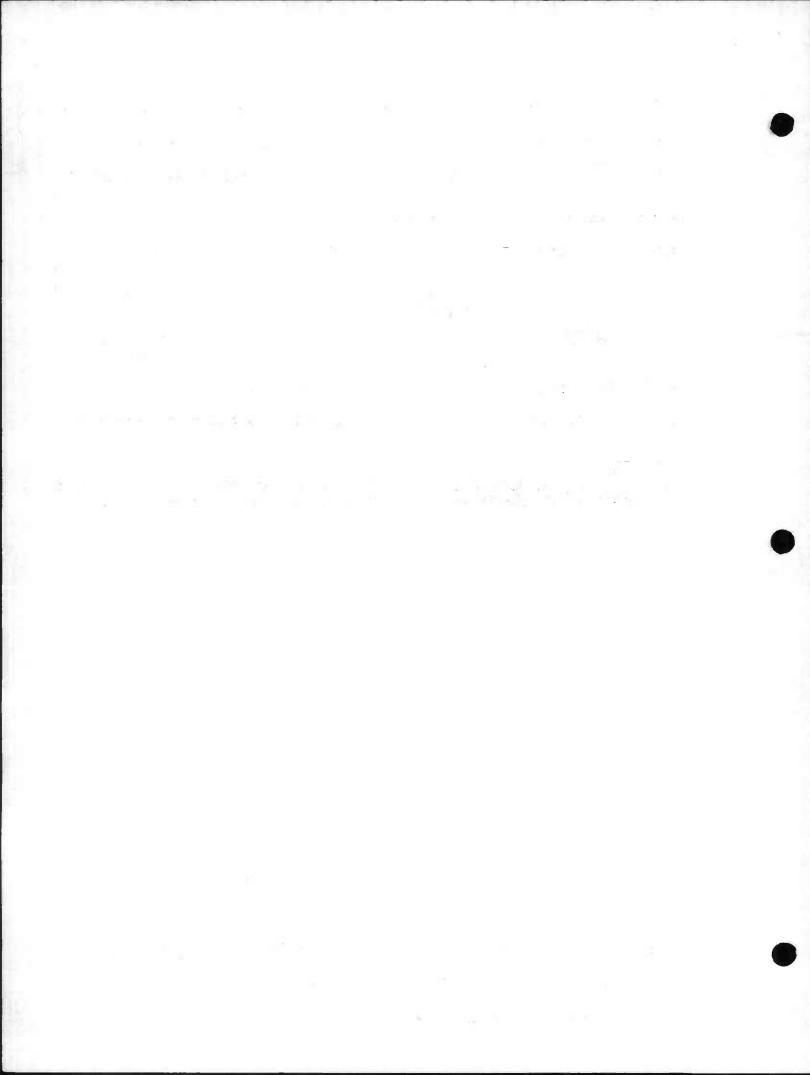


State of Maryland / Department of Health and Mental Hygiene Q C

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			•	C	ertificate of	Death		Reg. No.	0 4	4391
Physici	an	Decedent's Neme (First, Middle, L Charles	ası) Joseph		Sainn		2. Dete of De Month		Year	3. Time of Death
/Medic					Seipp		July		996	11:30 p.m
Examin	er	4e. Facility Neme (If not Institution, g					r Location of Deat			
Funeral		302-D Tall Pines 5. Sociel Security Number 6.		rs. last birthd	ev) If Under 1 Yeer	Abingd If Under 24 Hr		Harfe		ne (State or Foreign
Funeral Director		216-20-2753	10xM 2□ F 70	Yrs	Months Days	Hours Mir			Maryl	ce (State or Foreign and
E		Usuel Residence of Decedent 10a. State 10b. County	10c.	City, Town or	Location				10d	I. Inside City Limits
fied at	tor	Maryland Harford	d	Abing	don					1 ☐ Yes 2 ☑ No
Nerns 23a or 28a-f shov Iner must be notified at	Funeral Director	10e. Street and Number 302-D Tall Pine	Court		10f. Zip Code 21009			10g. Citizen of V		n
THE S	hera	11. Marital Status	12. Wes Decedent Ever In	U,S. 1	Wes Decedent of I if Yes, specify Cub	Hispanic Origin? (Specify Yes or No)- 14. Red	e - American	Indian,
raf, or he Examine	by	1 Never Merried 2 Married	If Yes, Give 1/1	945- 947	if Yes, specify Cub		erto Rican, etc.)		ck, White, etc yWhite	c.
disal	Completed	15. Decedent's (Specify only highest of	Education	16e. De	cedent's Usuel Occu ive kind of work done e. DO NOT use retire	petion during most of w	orking	16b. Kind of B	usiness/Indu	stry
than the Me	du.	Elementery/Secondery (0-12)	Coilege (1-4or 5+) 5+			od)		America		k
nt, th	ပိ	17. Father's Neme (First, Middle, Las		ACC	ountant	18 Mother's No	eme (First, Middle	Station Summer		
untal ceve o	To Be	William Edgar Se					rite Fit			
mary	F	19a. Informent's Neme/Relationship		19b. M	eiling Address (Street				State. Zip C	ode)
27 is 7 fre		Jane Villar Seix	p/wife		-D - Tall					
ant of Heam nt: if Item ry or othe		20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 4 ☒ Donation 5 ☐ Other (Special Contents)	☐Removel from State	. Plece of Di	sposition (Neme of cremetory or other ple		Dete	20c. Location		
Departmer Important any injury once.		21. Signature of Funeral Service Lico Ronald			22. Neme end Addre State Ana:	ess of Fecility COMY BOA	rd-655 W	. Baltin	nore S	treet
		23a Pert1. Enter the disease, or co- shock, or heert feilure. List on	nplications thet caused the de	ath. Do not	Baltimore enter the mode of dyi	ng, such es cardi	na 2120 ec or respiretory a	1-1559 irrest,	. A	oproximate nterval Between
ysician		shock, or heart feilure. List onl	y one cause <i>on</i> each ilne.						lr O	nterval Between Onset end Death
Nedical		fmmedlete Ceuse (Final diseese or condition	· anteriol V	0 = 104 -	n1/1.	st. 10	It Cepely	Alburgo	60	15110214
aminer		resulting in deeth)			sequence of):	rough je	PION	al idemon	Ve Se	75 years
#	iner									
in and fal-trans	Examiner	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury	Due to	(or es e con	sequence of):				i	
g physician and as the bunal-transit	Medical	Cause (Diseese or Injury that initiated events resulting In death) Lasf	c Due fo	(or es e cons	sequence of):					
	an/M	•	d							
he att	Physician/	Pert II. Other significant conditions	contributing to death but not re	esulting In the	e underlying cause gr	ven in Pert f.	23b. Did	tobacco usa co	ntribute to th	he cause of death?
been signed by the attendir should be detached for use							10	Yss 2 No	3 Probel	bly 4 ☐ Unknown
d be	d by						24s Wes	sn sutopsy	24b. Were	autopsy findings
shou	lete						perfo	omed?	comp	able prior to eletion of cause
- %	Completed						4.0	M	of de	
certificate rector, pag		25. Wes case referred to medical				00 Place of D	eeth (Check only		יטי	res 2□ No
	To Be	examiner? 1 ☐ Yes 2 ☑ No	Hospitei:	ER/Outpa	tient 3 DOA Ott	her:	1	idence 8 🗆 Oth	or (Casaihi)	
eral d		27. Menner of Deeth	28e. Dete of Injury (Month, Dey Year)		of 28c. Inju		1	how Injury occur		
or death. ector: After by the fune	i i	1 ☑ Neturel 5 ☐ Pending 2 ☐ Accident Investigati		Injur		rk?]Yes 2∐No				
within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	Certification:	3 Sulcide 6 Could not determine	28e. Pieca of Injury - Af building, etc. (Spec	home, ferm,	street, fectory, office		28f. Location (City or To	Street end Numb wn, Stete)	oer or Rural F	Route Number,
within 24 hours and to the Funeral I completely filled	edical	29a. Certifier 1 ☐ Certifying P (Check only one) 2 ☐ Medicat Exa	hysician: To the best of my ki miner: On the basis of exami end menner eteted.	nowledge, de nation end/or	eth occurred et the ti	me, dete end place opinion, deeth occ	ca, and due to the curred et the time,	ceuse(s) and ma dete end pieca,	anner as state and due to th	ed. ne cause(s)
within To th	X	29b. Signature end title of cartifier			29c. Licens	se number		29d. Dete signe	d (Month, Da	y, Year)
		Maria R. P.	ica Una		19	464		July	30.19	96
	-	30. Neme end address of person who	completed cause of deeth (It	em 23a) (Tyr	pe, Print)			Just	30,10	ξ '
		Thomas R.	Price hup	UNIV.	el Me	H0317				
Stat	e	31. Dete filed (Month, Day, Year)	32. Registrer's Sig	neture						
Registra	ir	AUG1 6 1996	Jalia de Welson	archill						
1 16 Rev 6/95			<i>U</i>	4.0 4.0						

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Ruby Siskey **Physician** Marie 1996 6:48 AM 15 Aug. /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth
Baltimore Examiner 2118 Stonewall Road Catonsville If Under 1 Year If Under 24 Hrs. 6. Dete of Birth (Month, Dey, Yeer) Jan. 25, 1920 5. Sociei Security Number 7. Age (In yrs. lest birthdey) Birthpiece (Stete or Foreign Country) **Funeral** Deys Hours 1□ M 2€ F 412-24-1102 76 Director Virginia Usuel Residence of Decedent 10a State 10b. County 10c, City, Town or Location 10d. Inside City Limits Catonsville Md. Baltimore 1 ☐ Yes 2 No Director 10e. Street end Number 10g. Citizen of Whet Country? 10f. Zip Code 21228 U.S.A. 2118 Stonewall Road Funerai 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 11 Maritel Status 1 Yes 2 XNo
If Yes, Give
Year or Dates: 1 Never Married 2 Married 1 Yes 2 No Specify: by Specify: White 3 ☑ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 18b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 6 Waitress Restaurant 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Alexander Gardner Venius Amanda Palmer 10 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) Kathleen Siskey Stonewall Road Catonsville, Maryland 21228 20e. Method of Disposition 20b. Pieca of Disposition (Neme of cemetery, cremetery or other deposit 17, 1996 20c. Location - City or Town, Stete 1X Buriel 2 Cremetion 3 Remove from State Meadowridge Cemetery Elkridge, Maryland 4 Donetion 5 Other (Specify) 21. Signature of Funerel Servica Licansee 22. Name end Address of Fecility Witzke Funeral Home, Inc. Thomas uanita 6 1630 Edmondson Avenue Catonsville, Maryland 23e. Pert1 Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, should, or heart failure. List only one cause on each line. Approximate Intervel Between Onset end Deeth Physician /Medicai Immediete Ceuse (Final diseese or condition resulting in deeth) MYOCARDIAL NEARCTION MINUTES Examiner ARDIOM Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Lest Physician/Medicai Due to (or es e consequenca of): Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? VENTRICULAR FUNCTION 1 Yas 2 No 3 Probably 4 Unknown by 24e. Wes en autopsy performed? 24b. Were autopsy findings aveileble prior to completion of cause of death? Completed EmphysemA . CRIPPLING PSORIATIO 1 Yes 2 No 1 Yes 2 No ARTHRITIS 25. Wes case referred to medical examiner? Be 26. Plece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menney of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. injury et Work? 28d. Describe how injury occurred Certification: 5 Pending investigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 281. Location (Street end Number or Rurel Route Number, City or Town, Stete) Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide Dertifying Physician: To the best of my knowledge, death occurred et the time, dete end placa, end due to the ceuse(s) end manner as steted. 29e. Certifier 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end menner stated.

29c. License number

16200

29d. Dete signed (Month, Dey, Yeer)

8-16-96

Box 68760. P.O. Records, Division of Vital

signed by the certificate this To the Hospital or Attending Pt within 24 hours after deeth. To the Funerel Director: After th completely filled in by the funera

the Maryland

Item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Movical Examiner must be notified at

should be filed within 72 hours after and Mental Hygiene.

12 should be fi h end Mental H

permit. Pages 1 end 2 Department of Heelth el Important: If Item 27 Is any Injury or other trau

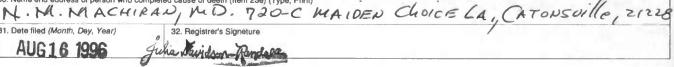
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Baltimore, Maryland 21215-0020

State Registrar

31. Dete filed (Month, Dey, Year) AUG 16 1996

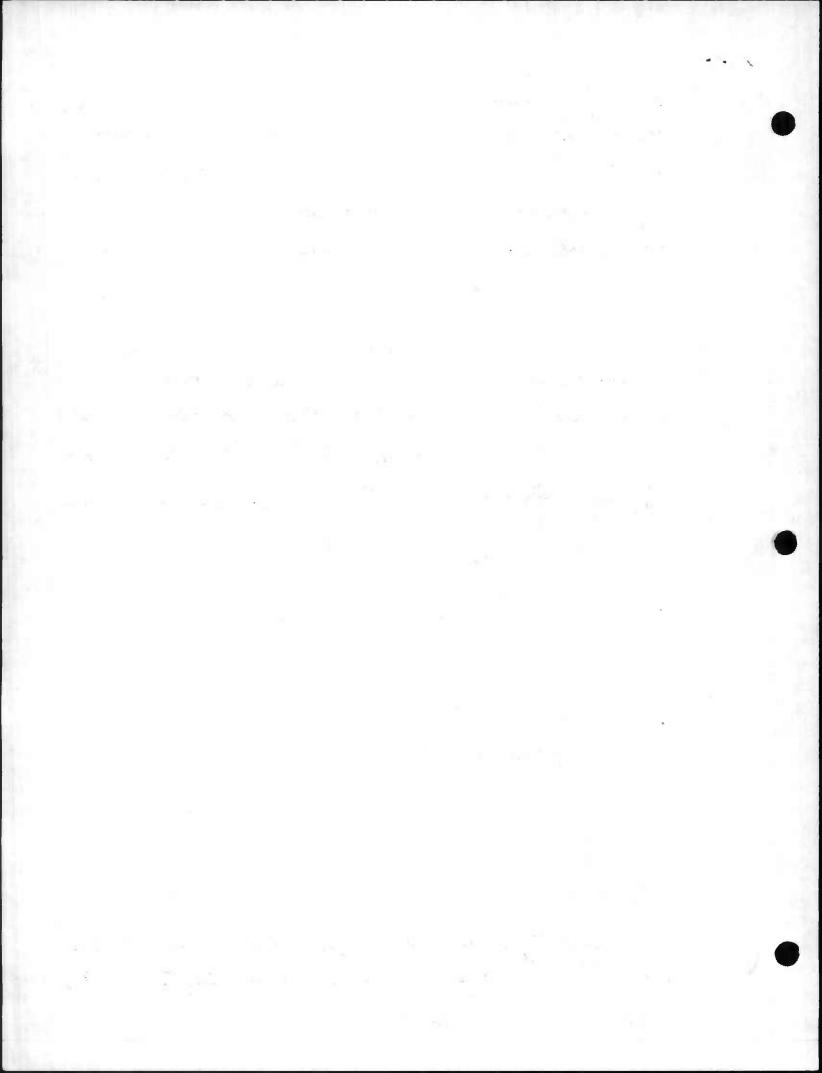
29b. Signature end title of certifier



30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

ATTENDING

DHMH 16 Rev 6/95



96-4547-510 ITEMS: 23 PART I, 27, PER NEO FILM State of Maryland / Department of Health and Mental Hygiene

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96	2	4	3	9	9

(G-738 8/2	3/9	6 t.t					Cert	ificate	of of	Death		Reg. No.	50	24000
	Physic		1. Decedent's Nan CHAR		Last)		SCUDI	ER				2. Date of De AUGUS	eath	1996	3. Time of Death 5:59 PM
	/Medi Exami		4a. Facility Name HARB 5. Social Security I	OR HOSE			(In yrs. last bir	thday	If Under		4b. City, Town, or L BALT If Under 24 Hrs.	ocation of Deal	th 4c. Count	y of Death	SAF
	Funeral Director		150-52-	2016	1□ M 2□		07		Months	Days	Hours Min.	APR.	25,1959	PATE	lace (State or Foreign RSON, NJ
	faryland show	o.	Usual Residence of 10a. State	10b. County PASSA	I.C.	1	IOc. City, Tow	n or Loca						10	0d. Inside City Limits
	with the A 3a or 28a-	Funeral Director	10e. Street end Nu 456					AILK	10f. Zip (Unknow	0.	10g. Citizen of UNITED	What Coun	try?
020	within 72 hours effer death with the Maryland ene. then "natural", or items 23a or 28a-f show ha Medical Examinar man be notified at	by	11. Maritai Status 1 Never Mari 3 Widowed	ried 2 Married	Armed 1 1 Yes,	Decedent Ev d Forces? es 2 0 00 , Give 0 0 or Dates:			as Decede Yes, specif	ent of H	dispanic Origin? (Span, Mexican, Puerto		0- 14. Rad Bla	ca - America ck, White, e	an Indien, etc.
215-0	hin 72 ho 9. In "natur Medical	pleted		15. Decadent's cify only highest onderv (0-12)	rade complete	ed)	16a.	Deceder (Give kii life. DC	nt's Usual nd of work O NOT use	Occup done retired	pation during most of work d)	king	16b. Kind of B	usiness/ind	ustry
Maryland 21215-0020	build be filed with Mental Hygiene. arked other than atic event, the M	- 3				-		STU	JDENT		18. Mother's Nam	e (First, Middle		1PUTER	R SCHOOL
ırylar	2 should be and Menta is marked				UDDER		195	18. Mother's Name (First, Middle, Maiden Surnan PAULINE LANE b. Meiling Address (Street end Number or Rural Route Number, City or Town,							
	1 end 2 s Health ar am 27 is		PA	ULINE(LA		UDDER	BOONE	10)-4	CHR	ISTINA PL				502
Baltimore,	Page nent o int: If iry or		20a. Method of Dis 1x Surial 2 4 □ Donation	position Cremation 3 5 Other (Spec	□Removal fro	om State	20b. Placa of cameter	y, crema	tory or oth	ner plac	EMETERY	ship 8-15	20c. Location	- City or Tov	
Bal	permit. Pag Department Important: Il any Injury o		21. Signaffire of F	ineral Service Lic	ensee	ris .					ss of Facility CHFH110)1 E. I	NORTH A	VE. B	BALTO.,MD
7	Physician /Medical		Immediate Cause	(Final	y one cause o	on each line.		not enter	the mode	of dyin	ng, such as cardiac	or respiratory a	rrest,		Approximate Interval Between Onset and Death
2	Examiner	e.	disease or condition resulting in death)	on	a. FAI	TY LIVE	e to (or as e	conseque	enca of):						
, ,	ertificata be executed ling physician and se as the burial-transit	Examiner	Sequentially list co if any, leeding to in cause. Enter Unde Cause (Disease or thet initiated events	nditions, nmediate priving	b	Du	e to (or as a c	onseque	enca of):						
ox 68760,	0 0 0	\/Medical	thet initiated events resulting in death)	Last	c	Du	e to (or as a c	onseque	nce of):						
O. Bo	a death he atter	Physician/	Part II. Other eignit	cant conditions	contributing to	death but r	not resulting In	the unde	erlying cau	use giv	en in Part I.	23b. Dld	tobacco use co	ntribute to	the cause of death?
۵.	that ed b	by Ph		-		-						10	Yee 2□ No	3 Prob	ably 4 Unknow
Records,	ew requires been size should	Completed					<u> </u>						an autopsy ormed?	com	re autopsy findings illable prior to npietion of cause leath?
Vital F	Page Page	e Cor	25. Was case refer	red to medical							00 51	10	12	10	Yes 2□ No
f Vi	Physician: this certific ral director,	0 0	examiner?		Hospital:	☐ Inpatient	2 X ER/Ou	patient	3□ DOA	Oth	er: 4□ Nursing Ho		one) denca 6 □Oth	er (Specify)
ion o	O £ £ g : 27. Manner of Death			28a. Da (M	ite of Injury Ionth, Day Y				c. Injun			how injury occur			

To the Hospital or Attending within 24 hours attar deeth.
To the Funeral Director: Afticompletaly filled in by the fun

29e. Certifier (Check only one)

3 Suicide

4 Homicide

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and plece, end due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and menner stated.

29b. Signature and title of certifier

29c. License number

O.C.M.E.

29d. Dete signed (Month, Day, Year) AUGUST 14, 1996

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

6 Could not be determined

111 Penn Street, Baltimore, Maryland 21201

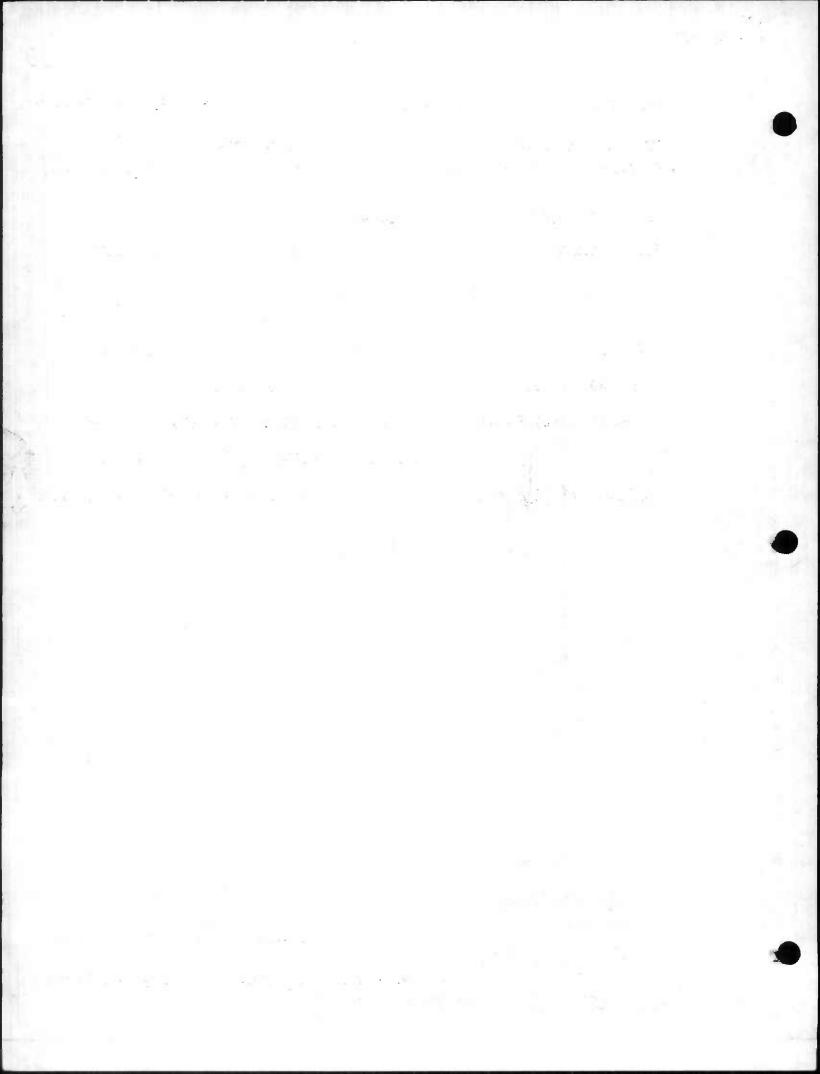
State Registrar

Certificat

Medical



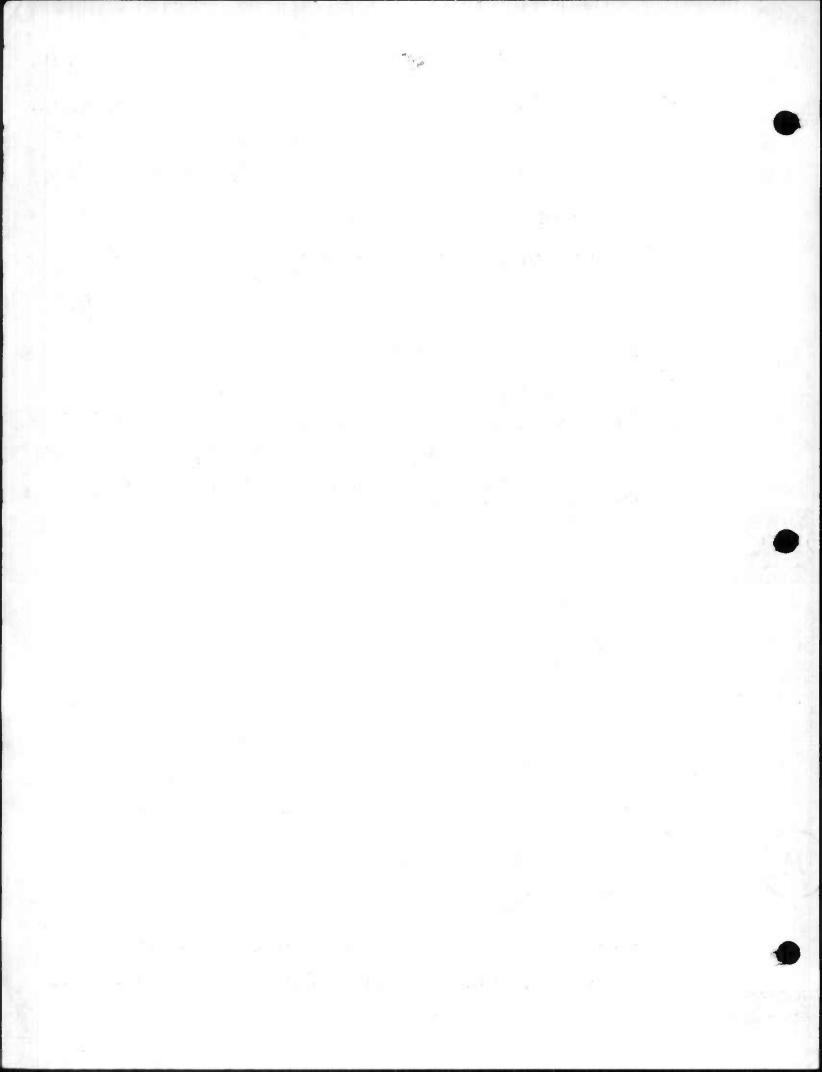
28e. Place of Injury - At home, farm, street, fectory, office bullding, etc. (Specify)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene O.C.

		Decedent's Neme (First, Middle, Las.		Certificate of	Death	Reg. No.	96 24400 3. Time of Deeth
Physic /Medi	cal	RENA 4e. Fecility Neme (If not institution, give	STANLEY		4b. City, Town, or Loca	Month Day	1996 8:37 PM
Examination Funeral Director	ner	5. Sociel Security Number 6. Se	CIAL HOSPITAL	day) If Under 1 Year Months Devs	BALTIMOR		PLTIMORE CITY 9. Birthplece (State or Foreign) Maryland
permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mentel Hygiane. Important: If item 27 is marked other than "netural", or items 23a or 28a-f show any hiury or other traumatic event, the Medical Examiner must be notified at once.	To Be Completed by Funeral Director	Usuel Residence of Decedent 10e. Stete 10b. County 10e. Street and Number 3	12. Wes Decedent Ever In U.S. Armed Forces? 1 Yes 2 2 No If Yes, Give Year or Detes: Icellon Completed) Competed: Social Competed: Soci	101. Zip Code 2/2 13. Was Decedent of H If Yes, specify Cube 1 Yes 2 No eccedent's Usual Occup give kind of work done le. DO NOT use retirec	Ilispenic Origin? (Specilen, Mexicen, Puerto Rice) Specify: Jetion ouring most of working Ce 18. Mother's Name (Inc.) Jend Number or Rural Form of the Inc. Jend Number of Rural Form of Inc	ty Yes or No- zen, etc.) 16b. Kind Hur First, Middle, Maiden Su Route Number, City or T Daty 20c. Local	10d. Inside City Limit XGYes 2 N n of Whet Country? A S A Rece - American Indian, Black, White, etc. pecify: Negro of Business/Industry Man Resource mame) Name
Physician /Medical Examiner	Medical Examiner	23e. Pert Annas the deadle, or complished by hear failure. List only of Immediate Ceuse (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest	Due to (or as e con PLEURAL Due to (or es e con PNEUN Due to (or es e con PNEUN	TORY FA isequence of): EFFUSIC isequence of): AONIA	North Ag, such as cardiac or r	lue. Balt	o. Md. 21216 Approximate Interval Between Onset and Deeth 92 hrs 7 days
The law requiras that the death certificata be assecuted ite has been signed by the attending physician and page 2 should be detached for use es the burial-transit	Completed by Physician/N	Pert II. Other algnificant conditions con CHIZONIC IZENAL	tributing to death but not resulting in the			23b. Did tobacco us 1 Yes 2 2 24e. Wes en eutopsy performed?	
the doath. Hector: Affer his cardifican in by the funeral director, i	Certification: To Be Col	25. Was cese referred to medical examiner? 1 Yes 2 No 27. Manger of Death Neturel 5 Pending investigation 3 Suicide 6 Could not be determined	Iospitel: 1 Inpatient 2 ER/Outpe 28e. Dete of Injury (Month, Day Year) 28e. Plece of Injury - At home, ferm, building, etc. (Specify)	e of 28c. Injury Worl M 1	yet 2 □ No	5 Residence 6 1. Describe how injury o	Other (Specify)
To the Hospital within 24 hours at To the Funeral D completely tiled is	Medicai Cer	29e. Certifier (Check only one) 29b. Signeture and title of certifier	elclan: To the best of my knowledge, deer: On the basis of exemination and/o end menner stated.	r investigetion, in my op	oinion, death occurred on number	due to the ceuse(s) en et the time, dete and pla	d menner es stated. ace, end due to the cause(s) Igned (Month, Dey, Year)
Sta Registr	₩ te	one) 2 Medical Examin	er: On the basis of exemination and/o and menner stated.	29c. License	pinion, death occurred	29d. Dete s	ace, end due to the cause(s)

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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	Physic /Medi		Decedent's Neme (First, LEONARD	Middle, Las	t)	S	AMUELS				2. Date of Dea Month AUGUS'I	Day	Yeer 996	3. Time of Death	
7	Exami	ner	4a. Fecility Neme (If not inst	113		mber)				4b. City, Town, or BALTIN		4c. Coun	ty of Death a		
	Funeral Director		5. Social Security Number 212–18–0703 Usual Residence of Decede		ox OXM 2□F	7. Age (In yr	rs. last birthday Yrs.		1 Year Days	If Under 24 Hrs. Hours Min.	8. Date of Birth Month, Day MAR 4	1920	9. Birth	place (State or Foreig	
	show		10a. State 10b. Co	-		10c. (City, Town or L	ocation						10d. Inside City Limits	
	r 28a-f sh	Director	MARYLAND	N/	'A			BALTI	MOR	E				14 Yes 2 □ No	
	23a or 21		10e. Street and Number 6307 GREENS	PRING	AVE.			10f. Zip (Code 120	9		0g. Citizen o	What Cou	ntry?	
Maryland 21215-0020	Hems Hems Der m		11. Maritel Status 1 □ Never Married 2 ② 3 □ Widowed 4 □ Divo		12. Was Dec Armed Fo 1 Dec It Yes, Gi Year or D	2 □ No ve	U,S. 13.	Was Decede if Yes, speci 1 ☐ Yes 2	fy Cub	dispanic Orlgin? (S an, Mexicen, Puert Specify:	pecify Yes or No- o Ricen, etc.)		ack, White,	- Americen Indien, , White, etc. WHITE	
5-0	natur	eted	15. Dec (Specify only I	edent's Edu	ucetion le completed)		16e. Dece	dent's Usuel	Occup k done	pation during most of wor	kina	16b. Kind ot	Business/In	idustry	
121	iane. Than "natu	idm	Elementery/Secondary (0-		College (1-4or 5+)	life.	DO NOT use	retire CEI	d)	N		15	POOD	
92	h and Mantal Hygiane. I is marked other than traumatic event, the Mantal Hygiane.	Be Co	17. Father's Name (First, Mi					ON	اناک		ne (First, Middle, i	Maiden Sume		COD	
/lan	f Haalth and Mantal item 27 is marked other treumatic ev	To B	BORIS				SAMUELS	5			LIBBY			ZAMEL	
P	Software of the state of the st		4 Donation 5 Oth 21. Signeture of Funeral Ser 23a. Part1. Enter the diseas shock, or heart failure.	vice Licens	l de	ceused the decach line.	202	2. Name end	Addre	UK AMUNO SS of SOIT Le Sterstown ng, such as cerdiac	Road Pi	Bros. kesvil	, Inc.		
_	/Medicai xaminer		Immediate Cause (Final disease or condition resulting In death)		. Kova		(or as a conse	Ci NOM	10					4 years	
Box 68760,	attanding physician and for use as the buriel-transit	cal Examiner	Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events	{	b. 1500	Due to	(or as a conse	Quence ot):	0	renal ce	ll G			4 months	
OX 68760,	attanding ph for usa as th	an/Medical	resulting In death) Last	L,	d		(0.000								
P.O.		by Physicia	Part ii. Other significant cor	iditions cor	ntributing to de	eath but not re	esulting in the u	inderlying cei	use giv	ven in Part I.	23b. Did to	/	/	o the causa of death	
Rec	28.5	Completed b									24a. Was a perform	,	ev co of	ere autopsy tindings valleble prior to ompletion of ceuse deeth?	
_ F			25. Was cese referred to me	dical						29 Plans of Das	1 Ye		1[Yes 2 No	
of Vita	is cert direct	To Be	examiner? 1 Yes 2 No		fospitel:	npatient 2[☐ ER/Outpatie	nt 3 DOA	Oth	nor:	ome 5 Reside		her (Snecil	(v)	
Vision of	Aftar th uneral	tification: T	27. Menner of Deeth 1 ☑Neturel 5 ☐ Pe	ending restigetion		ot Injury th, Dey Year)	28b. Time o		c. Injur Wor		28d. Describe ho			7/	
ivis	frector: /	Tific	3 ☐ Suicide 6 ☐ Co	ould not be termined	28e. Place buildi	ot injury - At I	home, farm, st	reet, factory,	office		28f. Location (St City or Town	reet and Num	ber or Aura	al Route Number,	

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated.

29c. License number

042178

MD

21208

29d. Dete signed (Month, Day, Year)

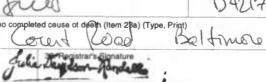
State Registrar

Medical

30. Name and address of person

29b. Signature and title of certi

29e. Certifier (Check only one)



Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Trene, SHPRIT2

4e. Facility Name (If not Institution, give street and number) AU 8 96 /Medical 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** B. H. mor If Under 24 Hrs. 8. SINAI HOSPITAL MD 5. Social Security Number If Under 1 Year 7_Age (In yrs. last birthdey) 8. Dete of Birth (Month, Dev. Year) Birthplece (State or Foreign Country) **Funeral** Deys Months Hours 1 M 2 P 218-30-7306 Yrs Director 86 1, 1909 MARYLAND Usual Residence of Decedent 10e. State 10b. County 10c. City, Town or Location Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be notified at 10d. inside City Limits MARYLAND BALTIMORE OWINGS MILLS 1 XYes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 21117 4005 LONG LAKE DRIVE USA permit. Pages 1 and 2 should be filed within 72 hours after death v Department of Health and Mentel Hygiene. Important: If Itam 27 is marked other than "natural", or Itams 23a any injury or other traumatic event, the Medical Examiner must once. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specity Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, 11. Meritel Stetus Bleck, White, etc. 1 Never Married 2 Merried 1 ☐ Yes 2 Z No Specify: Specify þ 3 XWidowed 4 ☐ Divorced WHITE Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry College (1-4or 5+) Elementery/Secondery (0-12) HOMEMAKER OWN HOME 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) MILLER HARRY LENA HEYMAN 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) MRS. SANDRA LIVINGSTON (DAUGHTER) 4005 LONG LAKE DRIVE OWINGS MILLS, MD 21117 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete Dete 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete BETH TFILOH 8-12-1996 BALTIMORE, MD 4 □ Donetion 5 □ Other (Specify) 21. Signeture of Funeral Servica License 22. Neme end Address of Facility Sol Levinson & Bros., Inc. 8900 Reisterstown Road Pikesville, MD 21208 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset and Deeth **Physician** /Medical immediate Cause (Finel disease or condition resulting in deeth) Examiner Due to (or as a consequence of): Examiner physician and s the burial-trans Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or es a consequence of): Physician/Medical Due to (or es e consequence of): 80 980 signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yas 2 ☐ No 3 ☐ Probably 4 ☐ Unknown p been si 24a. Was an autopsy performed? 24b. Were autopsy findings evalleble prior to completion of cause of deeth? Completed has 1 Yes 1 ☐ Yes 2 ☐ No certificate funerel director, 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 TUNG 1 Inpatient 2 ER/Outpatient 3 DOA this 27. Manner of Deeth Certification: 28e. Dete of injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending investigation 1 Yes 2 No 2 Accident 6 ☐ Could not be 3 Suicide

that the death certificate be executed Box 68760. P.O. Division of Vital Records, death. or Attendi ofter death. Director: A

with the Maryland

Baltimore, Maryland 21215-0020

28f. Location (Street and Number or Rural Route Number, City or Town, Stere) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 1 🖄 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the cause(s) and menner as stated.

29e. Certifier (Check only one)

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated.

29b. Signeture end title of certifier

29c. License number

29d. Dete signed (Month, Dey, Year)

MB

30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

DR. HIEN DAO SINAI HOSPITAL W. BELVEDERE AVE. BALTIMORE, MD 21215 31. Dete filed (Month, Dey, Year) AUG 1 6 1996

State Registrar

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Hospital Funeral

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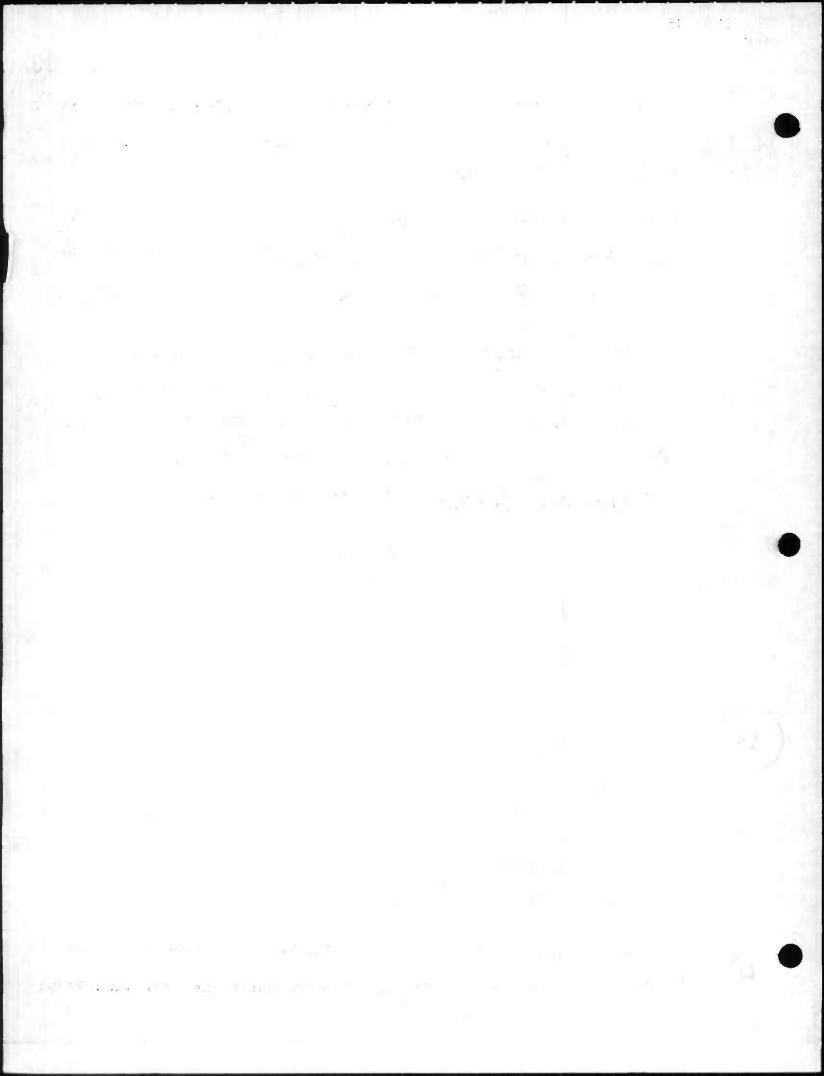
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** AUGUST DY2.1996 FRED STEPHENS 11:45 PM /Medical 4e. Facility Name (If not institution, give street end number). 4b. City, Town, or Location of Deeth Examiner Ja agnes NA OSpita 7. Aga fin yrs. If Undar 1 Yaar | if Under 24 Hrs. 5 Sociel Security Number Dete of Birth (Month, Dey, Year) 0 0 5,1933 lest birthday) 9. Birthplece (State or Foreign Country) **Funeral** 346-28-8204 Months Deys Hours M 2□F Director Usuel Residence of Decedent 10b. County 10a Stete 10c. City, Town or Location 28a-f show 10d. Inside City Limits must be notified at Nd Kes 2□No Director 1a 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 6 6 itams 23a 229 death Funeral 12. Wes Decadant Ever in U,S. Arryed Forcas? 1 B Yes 2 □ No If Yes, Give Yaer or Dates: 11. Maritai Status 13. Was Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - Amarican Indian, Black, White, etc. 14. Race filed within 72 hours after Baltimore, Maryland 21215-0020 "natural", or 1□ Yes 2D No Specify: by Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Businass/Industry (Specify only highest grede completed) Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) ouse kee Dina permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: if Itam 27 is marked other any injury or other traumatic event once. 17. Fether's Neme (First, Middle, Lest) 18. Mother's Nema (First, Middle, Maiden Sumerne) Be Inknown mae ara 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Balto, md tephens-wife 819 Kevin Rd 21279 20b. Piece of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 Cremetion 3 Remove from State Garrison Firest Ue+ Owing Donetion 5 Other (Specify) 21. Signeture of Funarai Service Licensee 22. Nama and Address of Fecility 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart feiture. List only one cause on each line. Approximata Intervel Between Onset end Deeth Physician /Medical Immediete Ceuse (Final HUURRE disaese or condition resulting in deeth) **Examiner** Examiner physician and s the burial-transit ne death certificate be executed Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Diseese or Injury that Initiated events resulting in deeth) Last Due to (or es e consequence of): Box 68760 Physician/Medical Due to (or es e consequence of). **USB 88** guipo ò 0 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? the 1 Yes 2 No 3 □ Probably 4 □ Unknown þ Completed 24e. Wes en eutopsy performed? Were eutopsy findings eveilable prior to completion of cause of deeth? 1 Yes 2 No 2□ No Division of Vital or Attending Physician: Be 25. Wes case referred to medical exeminer? 26. Piece of Death (Check only one) Certification: To Other: $_{4\square}$ Nursing Home $_{5\square}$ Residence $_{8}$ MOther (Specify) SCENE to Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA this 27. Menner of Deeth Deta of Injury (Month, Dey Year) 28b. Time of Injury 28c. Injury et Work? 28d. Describe how injury occurred BY UBN After 5 Pending investigation 1 □ Neturel SUBJECT PEDES MUND STRUCK To the Hospital or Attendir within 24 hours after death. To the Funeral Director: Al 1296 APPROY 11 45M 1 Yes 2 No Accident the 6 Could not be detarmined 3 Sulcida 28a. Place of Injury - At home, ferm, straet, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, Steta) 6 4 Homicide RTYD BALDWOYLE MUS PAAD 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and pleca, end due to the ceuse(s) and menner as stated.

2 Medical Examiner: On the bests of exemination end/or investigation, in my opinion, deeth occurred at the time, date and pleca, and due to the cause(s) end menner stated. Medical completely (Check only one) 29b. Signatura and title of certified 29c. License number 29d. Dete signed (Month, Day, Year) O.C.M.E. AUGUST 13, 1996 30. Neme and address of person who completed cause of deeth (Item 23a) (Type, Print)

State Registrar MD MG P MAD 31. Dete filed (Month, Dey, Year) AUG 16 1996

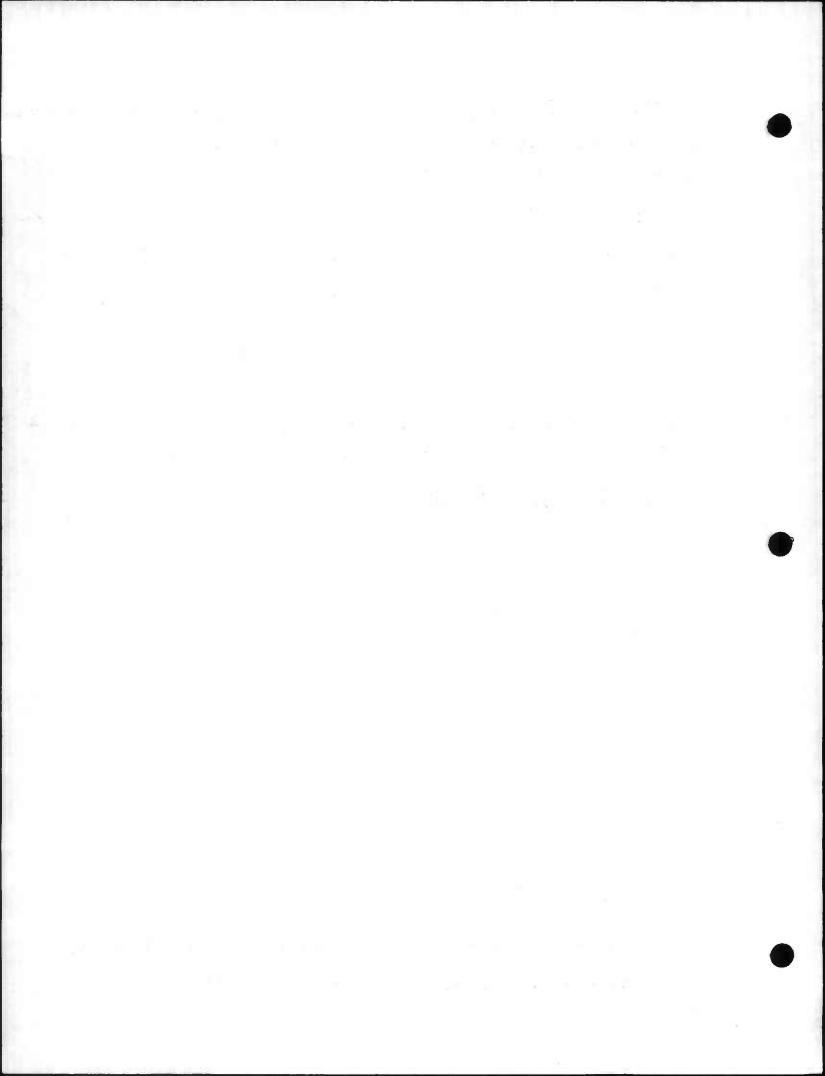
D. Konsu My 111 Penn Street, Baltimore, Maryland 21201



State of Maryland / Department of Health and Mental Hygiene Q C

				Otate of Ivialyia	Certifica				Reg. No.	4	4404
	Physic	ian	1. Decedent's Nema (First, Middle, Last	. 0				2. Deta of De Month	ath Dey	Year	3. Tima ot Death
	/Medi		- 0	hmeizl				august		116	13:25 A
7	Examii	ner		spital		4	16. City, Town, or BALT	MORE	h 4c. County	Of Deeth	7
	Funeral Director		5. Sociel Security Number 219-01-1385 Usuel Residence of Decedent	M 2 F 7. Aga (In we	As last birthdey) If Und Month	dar 1 Year S Deys	if Under 24 Hrs Hours Min.	8. Dete of Bir Month, De Aug	th y, Year) (912	9. Birthpla Count	ace (Steta or Foraign
	ith the Maryland or 28a-f ahow	tor	10a. Stata 10b. County	10c. C	ity, Town or Location					10	od. Inside City Limits
	h with the	Funeral Director	10e. Street and Number 315 Ingles	ide Au	10f.	Zip Code	228		10g. Citizen of V	What Count	N? A
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State of Maryland / Department of Health and Mental Hygiene

24405

Physician /Medical **Examiner**

Funeral

Director

with the Marylend 28a-f show the Medical Examiner must be notified at ŏ permit. Pages 1 and 2 should be filed within 72 hours efter death 1 Dependent of Health and Mentel Hyglene. Important: If Item 27 is merked other than "natural", or items 27-200.

> Physician /Medicai Examiner

The law requires that the death certificate be executed the buriei-transit pu Division of Vital Records, P.O. Box 68760, Ž certificate has or Attending Physician: this After t

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3 Time of Death JULY MARK 1996 SMITH 7:45P.M. 4a. Facility Name (If not institution, give street and number) 4b. Cify, Town, or Location of Death 4c. County of Death none BALTTMORE
If Under 24 Hrs.
Hours Min.

8. Date of Birth
(Month, Day, Yea MERCY HOSPITAL If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) Days 1 □ M · 2 □ F Yrs unknown unknown Aug. Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Baltimore nono Director 1 ☐ Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 954 Forrest Street Funeral 21202 unknown 12. Was Decedent Ever in U.S. Armed Forces? UNIZNOWN 1 ☐ Yes 2 ☐ No 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. 11. Marital Status unknown 1 Never Married 2 Married If Yes, Give Year or Dates: 1 ☐ Yes 2 ☑ No Specify: Black Completed by Specify: 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) unknown unknown unknown unknown 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumeme) Be unknown unknown 2 19a. informant's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) unknown 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State Method of Disposition 1 ☐ Burlal 2 ☐ Cremation 3 ☐ Removal from State 4 □ Donation 5 □ Other (Specify) State rem 21. Signature of Funeral Service License Ronald, Sp. 22. Name and Address of Facility State Anatomy Board-655 W. Baltimore Street Walde, Dir. Baltimoer, Maryland 21201-1559 Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, or heart failure. List only one cause on each line. Approximate terval Bety Onset and Death Immediate Cause (Final disease or condition resulting in death) Due to (or as a consequence Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in deeth) Last Due to (or as a consequence of) Physician/Medical Due to (or as a consequenca of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Wes an autopsy performed? 2□ No Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one, Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 XYes 2 No 70 1 ☐ Inpetient 3☐ ER/Outpatient 3☐ DOA 27. Manner of Death 28a. Date of injury (Month, Dey Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending Investigation Netural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 ☐ Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end placa, and due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the basis of exeminetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical (Check only 29b. Signature and title of certifie 29c. License number 29d. Date signed (Month, Day, Year) O.C.M.E. JULY 26,1996 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) ARON Loc 111 Penn Street, Baltimore, Maryland 21201 2. Registration 31. Date filed (Month, Day, Year) AUG 1 6 1996

DHMH 16 Rev 6/95

Registrar

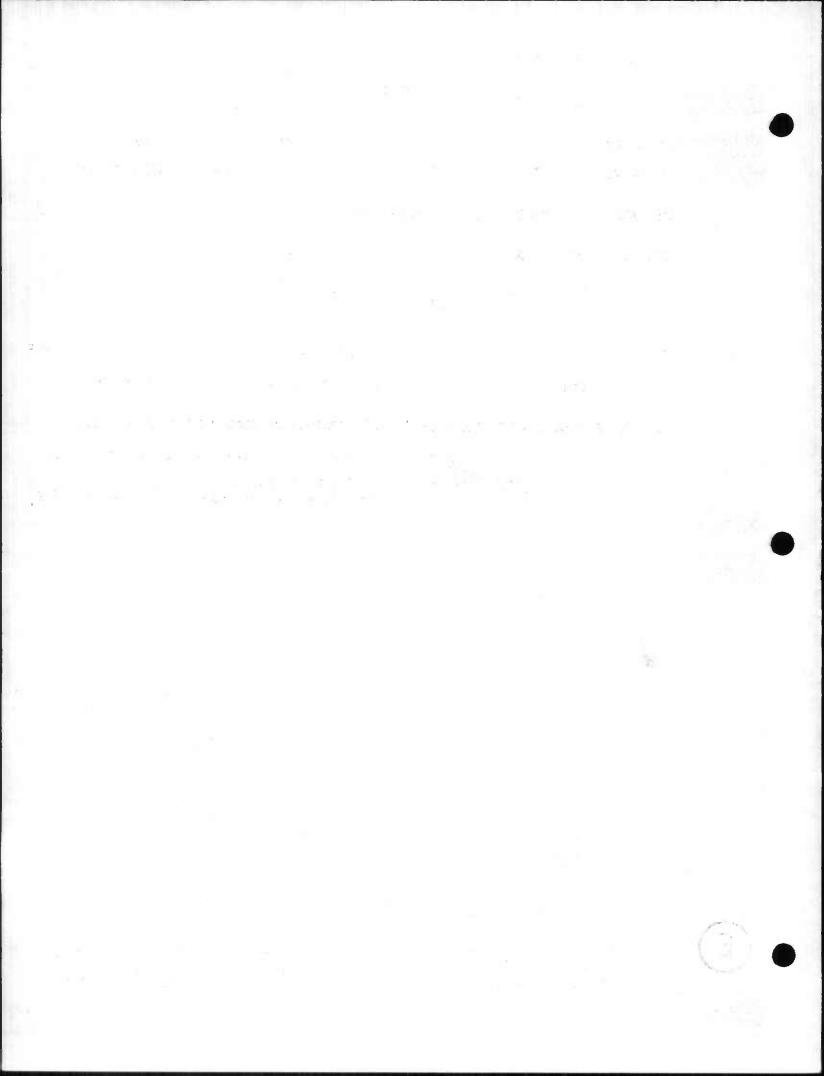
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item #1, filmg 738, 8/18tate of Maryland / Department of Health and Mental Hygiene 24406 Certificate of Death 1. Decedent's Neme (First, Middle, Last) GERHARDT GUSTAV SCHMIDT 2. Dete of Deeth 3. Time of Death Month **Physician** 643M August rhat 10 /Medical 4a. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** N/A LEVINDALE BALTIMORE Months Deys Hours Min. 8. Dete of Birth 1998 Birthplece (Sternary) 1915 GERMANY 5. Sociel Security Number 7. Age (In yrs. last birthdey) 9. Birthplece (State or Foreign **Funeral** 15 M 2□ F 221-22-2286 80 Yrs Director Usuei Residence of Decedent with the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. fnside City Limits ral", or items 23a or 28a-f show Examiner must be notified at BALTIMORE BALTIMORE MARYLAND 1 Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 21244 USA 3232 SOUTHGREEN ROAD permit. Pages 1 and 2 should be flied within 72 hours after death v Department of Health and Mental Hygiene. Important: if frem 27 is merked other than "natural", or items 23e any injury or other traumatic avent, the Mooical Examines must be obtice. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ¼ √s 2 □ No If Yes, Give Yeer or Detes: WWII Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 11 Meritel Status 1 ☐ Never Merried 2 Merried Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: à Specify 3 ☐ Widowed 4 ☐ Divorced WHITE Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) SALESMAN DENTAL SUPPLIES 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be SCHNIEDER SCHMIDT SAMSON 9 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 3232 SOUTHGREEN ROAD BALTIMORE, MD 21244 MRS. SYLVIA LILLIAN SCHMIDT (WIFE) 20b. Plece of Disposition (Name of cemetery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 Cremetion 3 Removel from Stete 8-13-1996 OWINGS MILLS, MD MARYLAND VETERANS 4 Donetion 5 Other (Specify) 21. Signeture of Funerel Service Licensee 22. Name and Address of Facility on & Bros., Inc. 8900 Reisterstown Road Pikesville, MD 21208 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximate Interval Between Onset and Deeth Physician /Medical Immediate Cause (Final disease or condition resulting In death) Examiner Physician/Medical Examiner physician and the buriel-transit law requires that the deeth certificate be executed Sequentielly ilst conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Division of Vital Records, P.O. Box 68760, 88 980 Pert II. Other algniffcant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contribute to the cause of death? 1 | Yaa 2 | No 3 | Probably 4 | Unknown eselvel proules accident à 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? has page 2 certificate 1 ☐ Yas 2 ☐ No or Attending Physician: director. 25. Wes case referred to medical examiner? Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this funeral 27. Menner of Death 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? Neturel 5 Pending 1 ☐ Yes 2 ☐ No Investigetion 2 Accident efter death Director: Could not be determined 3 Sulcide 28e. Plece of fnjury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) filled in by 4 Homicide Hospital of 24 hours et Funeral D edical 29e. Certifier 1 Cortifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) and menner as stated. lely (Check only one) 2 Medical Examiner: On the besis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end piece, and due to the cause(s) and menner steted. 29b. Signeture end title of certifles sourin 30. Name and address of person who completed cause of death (item 23e) (Type, Print) 24 34 of Of Dey, Year) 32. Registrat's Signeture 31. Date filed (Month, Dey, Year) State

This Davidson-Randell

DHMH 16 Ray 6/95

Registrar



State of Maryland / Department of Health and Mental Hygiene 96 24407

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Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 24408 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Deta of Death 3. Tima of Death **Physician** UCI /Medical 4b. City, Town, or Location of Death Fecility Neme (If not instituțion, giva street and number) 4c. County of Death Examiner ward renera TU auni Columbia H If Under 24 Hrs. 8. Deta of Birth Hours Min. (Month, Day, Year) Jun 29, Howard County

9. Birthpiece (Stete of Foreign Country)
1908 Poland If Undar 1 5. Sociel Sacurity Number 7. Age (In yrs. lest birthday) **Funeral** Months Deys 1□M 2₩F 88 374-18-9275 **Director** Usual Residence of Decedent with the Maryland 10a Stata 10c. City, Town or Location 10d. inside City Limits other than "natural", or items 23a or 28a-f ahow vent, the Medical Examiner must be notified at 1 ☐ Yas 2 ☐ No Director MD Howard County Marriottsville 10e. Street end Numbar 10f. Zip Coda 10g. Citizen of What Country? 11846 Ramsburg Road 21104 U.S.A. Pages 1 and 2 should be filed within 72 hours after death went of Haalth and Mental Hygiene.
Int: If Hem 27 Is marked other than "natural", or Hems 23 Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 14. Raca - Amarlcan Indian, Biack, Whita, atc. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Maxican, Puarto Rican, etc.) 11. Meritel Status 1 Never Merried 2 Married 1 ☐ Yas 2 ☑ No If Yes, Give X Yeer or Detes: Baltimore, Maryland 21215-0020 "natural", or þ Specify: White 3√2 Widowed 4 □ Divorced Completed 16a. Decedent's Usuei Occupation (Give kind of work done during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Homemaker Domestic 12 17. Father's Neme (First, Middle, Last) 18. Mother's Nama (First, Middle, Maiden Surname) Be marked P Paul Kowalski Mary Pisklo 19a. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Routa Number, City or Town, Stete, Zip Code) Mrs. Delphine Meerscaert (Daughter) 11841 Ramsburg Road Marriottsville, MD 21104

De Method of Disposition (Nember of Dete 20c. Location - City or Town, Stete other 1 20b. Pleca of Disposition (Neme of cematery, cremetory or other plece) 20e. Method of Disposition Important: If It any injury or o 1 ☐ Buriel 2 ☐ Crametion 3 ☐ Removel from Stete permit. Page Department o 1 Buriel 2 Cramenon 5 Other (Specify) Gate of Heaven Mausoleum 8/16/96 Silver Spring, MD 21. Signeture of Funerei Servica Licansee 22. Name and Address of Feclity HAIGHT FUNERAL HOME & CHAPEL (P.O. Box 195) ream 05.9 Sykesville, MD 21784 (410)-795-1400 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dylng, such as cardiec or respiratory errest, shock, or heart feilura. List only one cause on each line. Approximate Interval Betwo Onsat and Death **Physician** Immediete Ceuse (Finel diseese or condition rasulting in death) /Medical MO Examiner Examiner physician and the burial-transit The law requires that the death certificate be asscuted Sequantielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseasa or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of): 88 usa been signed by the atte should be detached for Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 ☐ Probably 4 ☐ Unknown 1 Yes No by 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Wes an autopsy performed? page 2 s 1 ☐ Yes 283 No. 1 Yes 2F No certificata or Attending Physician: 25. Was case referred to medical Be 26. Place of Deeth (Check only one) examiner? PE No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Yaş 2 ☐ ER/Outpetient 3550A Certification: To 1 Inpatient Aftar this funarai 28e. Dete of Injury (Month, Dey Year) 27. Menger of Deeth 28d. Dascribe how Injury occurred 28b. Tima of 28c. Injury at Work? 1 Neturel 5 Pending death. 1 Yes 2 No Invastigation 2 Accident 24 hours after deat Funeral Director: 6 Could not be 3 Sulcide 28f. Location (Straaf and Number or Rural Routa Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) filled in by 4 Homicide Hospital edical 29e. Certifier 12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and place, and due to the ceuse(s) end menner as steted. (Check only one) 2 Certifying Physician: 10 the best of my knowledge, deem occurred at the lime, dete and piece, and due to the cause(s) end manner. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. completaly within 2 To the To the 29b. Signatura 29c. License number 29d. Dete signed (Month, Dey, Year) 8047

State Registrar

Knoll 31. Dete filed (Month, Dey, Year)

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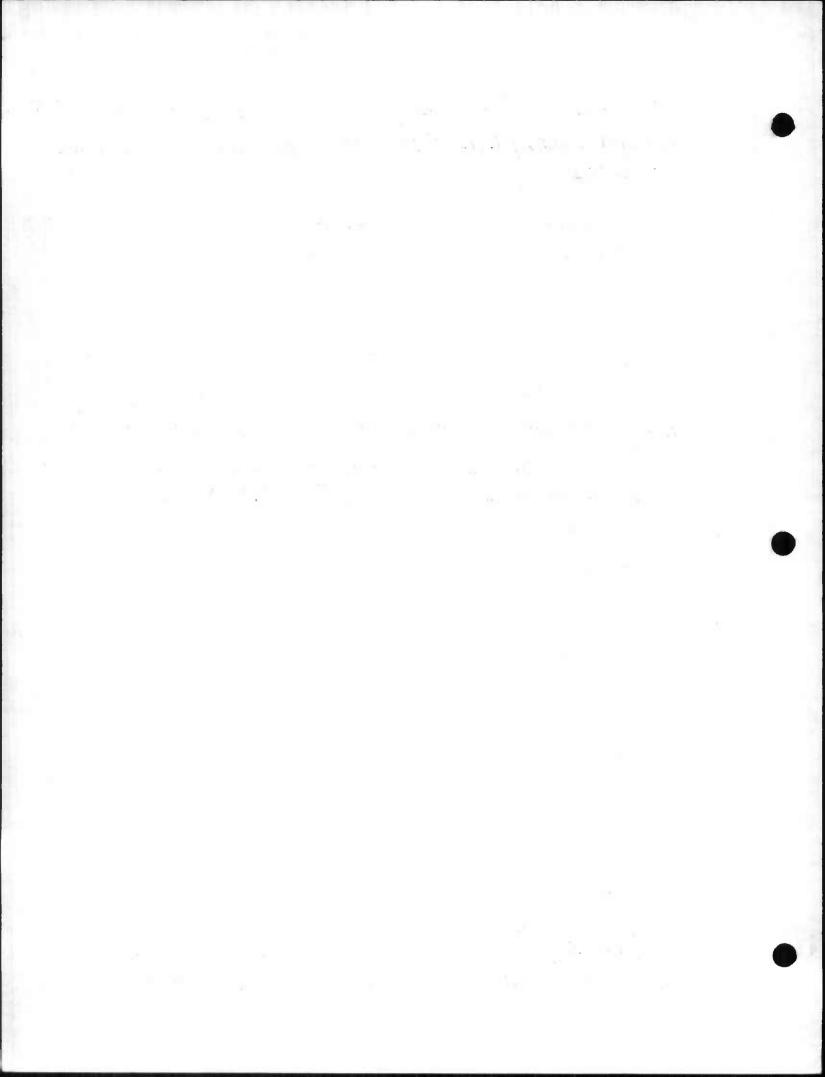
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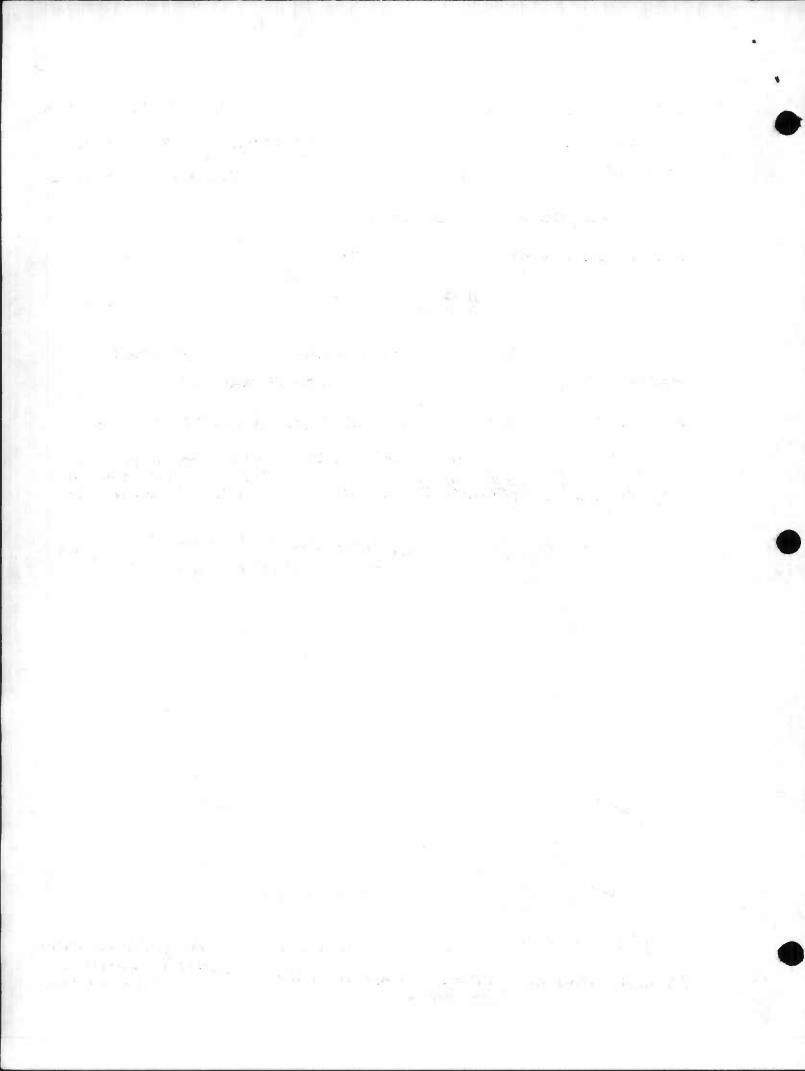


State of Maryland / Department of Health and Mental Hygiene 24409 Certificate of Death 1. Decedant's Nema (First, Middle, Last) 2. Dete of Daeth 3. Time of Deeth Dey Month **Physician** RICHARD AUG. 12, 1996 7:00A.M. /Medical Η. TUZNIK 4c. County of Deeth 4a. Fecility Name (If not institution, giva street end number) 4b. City, Town, or Location of Deeth **Examiner** 8222 RUPERT RD., N. MILLERSVILLE ANNE ARUNDEL 5. Sociel Security Number If Under 1 Year 7. Aga (In yrs. lest birthday) If Under 24 Hrs. **Funeral** 8. Dete of Birth (Month, Dey, Year) Birthplece (Steta or Foreign Country) Months Deys Hours 10XM 2□ F Yrs Director 190-20-3162 69 DEC.25,1926 PENNSYLVANIA Usuel Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location itams 23a or 28a-f show 10d. Inside City Limits Examiner naunt by notified at Director MD ANNE ARUNDEL MILLERSVILLE 1 ☐ Yes 2 No the 10e. Street and Number 10f. Zip Code 10g. Citizan of Whet Country? 8222 RUPERT RD., NORTH death 21108 Funeral U.S.A. 12. Was Decedent Ever in U,S. Armed Forces?

1 DYes 2 No it Yes, Give 4 - 24 - 44 Yaar or Dates: 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indien, Black, White, etc. Pages 1 and 2 should be filed within 72 hours efter nent of Health end Mental Hygiene. 1 ☐ Nevar Married 2 🔀 Married 6 Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorcad WHITE "natural", 7-24-46 Completed 15. Decedent's Education (Specify only highest greda completed) 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT usa ratired) 16b. Kind of Business/Industry I Hygiene. Elemantary/Secondery (0-12) Collaga (1-4or 5+) 5+ ELECTRICAL ENGINEER WESTINGHOUSE is marked other 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be STANLEY TUZNIK HEDWIG KOWALEWSKI 2 19e. Intorment's Name/Reletionship (Type, Print) 19b. Meiling Addrass (Street end Number or Rurel Routa Number, City or Town, Steta, Zip Coda) permit. Pages 1 and 2: Depertment of Health or Important: if item 27 is any injury or other trau JOAN TUZNIK WIFE 8222 RUPERT RD., N., MILLERSVILLE, MD 21108 20b. Plece of Disposition (Neme of cemetery, cremetory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removal trom State 4 ☐ Donation 5 ☐ Other (Specify) CROWNSVILLE VET. CEM. 8-14-96 CROWNSVILLE, MD of Fuderal Service Linessee 22. Name end Addrass of Facility RAYMOND C. FINK FUNERAL HOME 426 CRAIN HWY., S.W., GLEN BURNIE, MD 21061 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or hear tailure. List only one cause on each line. Approximata interval Between Onsat and Death **Physiclan** malignant fibrous /Medica Immediete Cause (Finel diseese or condition rasulting in deeth) Examiner Examiner The lew requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediata cause. Entar Underlying Cause (Disaase or Injury that initialed events resulting in death) Lest buriei-tren Dua to (or as e consequanca of): P.O. Box 68760. Physician/Medical the Due to (or es e consequence ot): 98 ate hes been signed by the e page 2 should be deteched to Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, by 24b. Were autopsy tindings evalleble prior to completion of causa ot deeth? Completed 24e. Wes an autopsy performed? this certificate 1 Yas 2 No 1 ☐ Yes 2 ☐ No of Vital Attending Physicien: 25. Was case refarred to medical exeminar? 26. Place of Deeth (Check only one) Be Other: 4 ☐ Nursing Home 5 ☐ Residenca 6 ☐ Othar (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA furneral 27. Manner of Death 28d. Dascribe how Injury occurred Certification: 28e. Dete of Injury (Month, Day Year) 28b. Tima of 28c. Injury et Work? Affor Division 1 DNaturel 5 Pending 1 ∏Yes 2 □ No Investigetion 2 Accidant after deall 6 Could not be determined 3 Sulcide 28f. Location (Straet end Number or Rural Route Number, City or Town, Stata) 28a. Plece of Injury - At home, term, street, factory, office building, etc. (Specify) 2 4 Homicida b 1 Certifying Physician: To the best of my knowledga, death occurred at the time, dete end piece, end dua to the cause(s) end menner as steted. 29a. Certifiar Medical (Check only one) 2 Medical Examiner: On the bests of exemination end/or invastigation, in my opinion, daeth occurred at the time, dete end placa, and due to the cause(s) end menner steted. 29b. Signature end title of certifian 29c. Licansa number 29d. Date signed (Month, Day, Year) nkay. D39505 CRAIN HWY#202, GLEN BUR MD. 30. Nama and address of person who complated cause ot deeth (Itam 23a) (Type, Print) 10+1 1406 B HSHAM

Registrar **DHMH 16 Rev 6/95**

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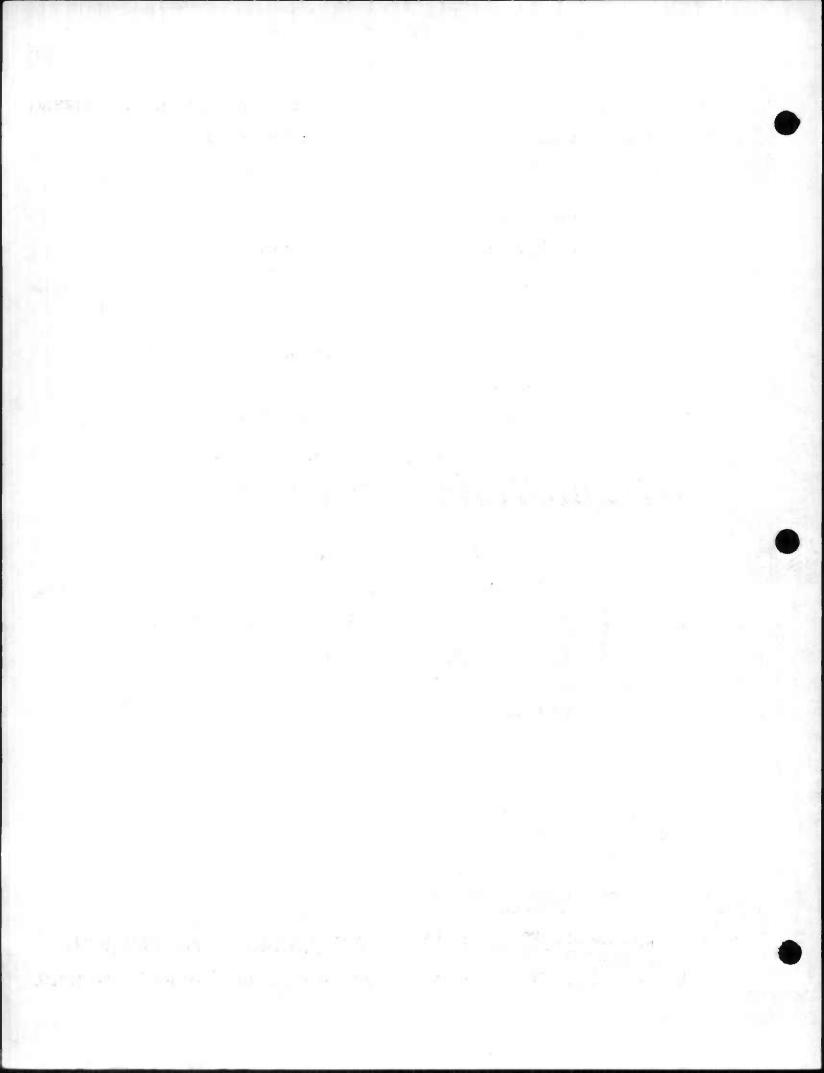
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State Registrar 31. Dete filed (Month, Dey, Year) AUG 16 1996

30. Name and address of person who completed causa of death (Itam 23a) (Type, Print)

Michelle Roberts 101 E. Mt. Royal Ave., #801 Baltimure, Ma 21202 32. Registrar's Signature



item #6, filmg State of Maryland / Department of Health and Mental Hygiene
Req. No.

Req. No.

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Physiclan
/Medical
Examiner

Funeral Director Maryland 28a-f show the

the Medical Examiner must be notified at items 23a ò "natural", filed within 7 Hygiene. .. Pages 1 and 2 should be filed wi tment of Health end Mental Hygien tant: If item 27 is marked other th jury or other traumatic event, the permit. Page Department of Important: If any Injury or once.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

attending physician end for use as the buriel-transit The law requires that the death certificate be executed Box 68760. P.O. signed by the Records, page 2 s Vital certificate Hospital or Attanding Physician: 24 hours effer death.
 Funeral Director: After this certifical effect in by the funeral director. F. Division of

1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth AUGUST 13. 1996 PERNELL WHITE 6:12 PM. 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth n/a GOOD SAMARTITAN HOSPITAL BALTIMORE If Under 1 Yeer If Under 24 Hrs. 5. Sociel Security Number 9. Birthplece (State or Foreign Country)
N. CAROLINA 7. Age (In yrs. lest birthday) 1∭ 2⊠ F Deys Hours 243-24-3292 74 Yrs Usuei Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Director md n/a baltimore 1 Xes 2 No 10e. Street end Number 10f. Zlp Code 10g. Citizen of What Country? 4730 21212-4639 WRENWOOD ROAD STATES UNITED Funeral 12. Was Decedent Ever in U,S. Armed Forces? 14. Reca - American Indian, Black, White, etc. 11. Meritel Stetus Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 ☐ Yes 2 💢 🌠 of If Yes, Give Year or Detes: 1 Never Married 2 Married 1 ☐ Yes 2 🕅 Mo Specify: BLACK by 3 Widowed 4XXDivorced Specify: Completed 15. Decedent's Education 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondery (0-12) Coilege (1-4or 5+) 10 th SEAMTRESS MANHATTEN-WARD CLOTH. 17. Fether's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Maiden Surneme) **THADDEUS** BARNES HATTIE SHAW 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) JAMES EARL WRENWOOD AVE., BALTIMORE, MD 21212 20b. Piece of Disposition (Neme of cometery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete Dete 1XXXBuriei 2 Cremation 3 Removal from State MARYLAND NATIONAL CEM. 8-19 LAUREL, MARYLAND 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Servica Licensee 22. Neme end Address of Fecility WM. C. MARCHFH.-1101 E. NORTH A VE . Karen m Kocier 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dylng, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Betw Onset and Deeth Immediate Cause (Final Arteriosclerotic Cardiovascular Disease diseese or condition resulting in deeth) Due to (or es e consequence of): Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Physician/Medicai Due to (or es e consequença of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24b. Were autopsy findings eveileble prior to 24e. Wes en eutopsy performed? completion of cause of death? INSPECTION 1 ☐ Yes 2XXIIIo 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exeminer?

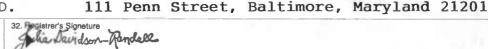
¼∑ Yes 2☐ No Be 26. Place of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ER/Outpetlent 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) To 27, Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? Certification: 1X Naturei 5 Pending 1 Yes 2 No investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 29a, Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner as stated.

Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete and placa, and due to the cause(s) end menner stated. Medical 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) AUGUST 14, 1996 O.C.M.E. wi 30. Neme end eddress of person who completed ceuse of deeth (Item 23a) (Type, Print)

State Registrar 31. Dete filed (Month, Day, Year)

AUG 1 6 1996

DAVID FOWLER M. D.



To the To the

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death

24412

Physician
/Medical
Examiner

1. Decedent's Neme (First, Middle, Last) ROBERT

5. Sociel Security Number

WILLIAMS

Months

10f. Zip Coda

2. Data of Daath

3. Time of Deeth 01:02 AM

4e. Facility Neme (If not institution, give street end numbar) BON SECOUR HOSPITAL

4b. City, Town, or Location of Death

If Undar 1 Yaar | If Under 24 Hrs.

Pay, AUGUST 1996

4c. County of Deeth N/A

Funeral Director

28a-f show the Medical Examiner must be nothing at Director eun ŏ items 23a Funeral "naturel", or by Completed

215-12-7057 Usuel Residence of Decedent 10a State 10b. County MARYLAND N/A 10a. Street end Numbar

10c. City, Town or Location BALTIMORE CITY

7. Age (In yrs. last birthdey)

73 Yrs. Deys Hours

BALTIMORE

8. Dete of Birth (Month, Dev. Year) Feb. 10 1923 Birthplece (State or Foreign Country) MARYLAND 10d. Inside City Limits

XYes 2 No 10a. Citizen of Whet Country?

2718 Riggs Avenue

1 ☐ Never Married 2 ☐ Married XX Widowed 4 □ Divorced

1 M 2 □ F

12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☐XNo If Yes, Give Yaar or Dates:

 Wes Dacedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxicen, Puerto Rican, etc.) 1 Yes XXNo

14. Rece - Amarican Indian, Bleck, White, etc. Specify: BLACK

15. Decedent's Education (Specify only highest grade completed) Elamentary/Sacondary (0-12)

College (1-4or 5+)

16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT usa ratired)

21216

16b. Kind of Business/Industry

U.S.A.

8th grade

17. Fathar's Name (First, Middle, Last)

BAKER

BAKERY 18. Mother's Neme (First, Middla, Meiden Sumama)

Grafton Williams

Addie Gross

19e. Informant's Name/Relationship (Type, Print)

19b. Melling Addrass (Street and Number or Rural Route Number, City or Town, Stete, Zip Coda) 9520 Kilimanjaro Rd. Columbia, Maryland 21045

LaVonne Cassell/Daughter 20a. Method of Disposition

20b. Pieca of Disposition (Neme of cemetery, cremetory or other place)

20c. Location - City or Town, Stete

1 ☐ Burial 2 X Cramation 3 ☐ Removel from Stata 4 ☐ Donetion 5 ☐ Other (Specify)

Metro Crematory

8-16-96 BALTIMORE, MARYLAND 22. Name and Addrass of Facility WILLIAM C. BROWN COMMUNITY F/H

21. Signatura of Funarai Servica Licansae

1206 W. NORTH AVENUE 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line.

Approximete Intervel Batween Onset end Death

Immediata Causa (Final disaase or condition resulting in daeth)

Arteriosclerotic Cardiovascular Disease

Dua to (or as a consequenca of)

Sequentielly list conditions, if any, leeding to immadiate cause. Enter Underlying Ceuse (Diseesa or injury that initiated events resulting in deeth) Last

Dua to (or es a consequence of): Due to (or es a consequenca of):

Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I.

23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 DUnknown

Diabetes Mellitus

24a. Wes en eutopsy performed?

24b. Were eutopsy findings avelleble prior to completion of cause of daath?

1 ☐ Yes 2 ☐ No

25. Wes casa referred to medical XXYas 2 No

1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA 28b. Tima of

28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify)

1 Yas 2 No 28. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Rasidenca 8 Other (Specify)

27. Manner of Deeth 2 Accident

3 Suicide

4 Homicide

5 Pending investigation 6 Could not be detarmined 28a. Dete of Injury (Month, Dev Year)

28c. Injury et Work? 1 ☐ Yes 2 ☐ No 28d. Describe how injury occurred

29a. Certifier (Check only one) The Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end placa, and due to the ceuse(s) end mennar es steted.

**Medical Examiner: On the best of examinetion and/or investigation, in my opinion, deeth occurred at the time, data and place, and due to the ceuse(s) end menner steted.

29b. Signeture end titla of certifier

29c. License number O.C.M.E. 29d. Data signad (Month, Day, Year) AUGUST 14, 1996

28f. Location (Streat and Number or Rural Route Number, City or Town, State)

30. Nema end addrass of person who completed causa of death (Item 23a) (Type, Print)

Powler

111 Penn Street, Baltimore, Maryland 21201

31. Deta filed (Month, Dey, Year) AUG 16 1996

32. Registrer's Signeture a Davidson

State Registrar

DHMH 16 Rev 6/95

Baltimore, Maryland Pages 1 and 2 should be Department of Health and Mental Important: If Item 27 is marked or eny injury or other traumatic ever once.

Physician

/Medical

Examiner

physician and s the burial-trans

Sign S

page 2

Physician/Medical Examiner

þ

Completed

Be

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Certification:

Medical

nd Mental Hygiene. marked other than

21215-0020

that the death certificate be executed Box 68760. P.O. Records, The law requires of Vital

this or Attending Parter death.

Director: After den by the funer Division

Margor triple in the second second THE STATE OF A DESIGNATION OF SEX SEX

ITEMS: 17. & 18. PER FI.H. Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene FILM G-739 9/18/96 t.t Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Dete of Deeth Month ooten **Physician** COUND AUG /Medical 4a. Facility Nama (If net institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Keha more 5. Social Security Number 249-07-8512 if Under 1 Yae 6. Sex 7. Aga (In yrs. last birthday) 9. Birthpleca (Steta or Foreign 8. Deta of Birth **Funeral** Days Months 7 South 10 M 2□ F Hours Director Carolina Usuel Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health end Mental Hygiena. Important: if item 27 is marked other than "natural", or items 23e or 28a-f show any Injury or other traumatic event, the Medical Examinat must be nuitified at aprile. 10a. Stete 10b. County 10c. City, Town or Location 10d. inside City Limits Maryland
10a. Street end Number Yes 2 No Director more 10f. Zip Coda 10g. Citizen of What Country 10 Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 MNo If Yas, Give 11. Maritel Stetus Wes Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 Never Merried 2 Married 1 Yes 2 No Specify. Specify: ٥ 3 ☐ Widowed 4 ☐ Divorced vearc Yeer or Detes 16a. Decedent's Usuel Occupation (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/industry 15. Decedent's Education (Specify only highast grade completed) Elementary/Secondery (0-12) ge (1-4or 5+) bore 18. Mother's Neme (First, Middle, KATE) Name (First, Middle, Last) e RONDAL WALKER 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Valker Dolphin 20b. Pieca of Disposition (Name of 20a. Method of Disposition / Date / 20c. Location - City or Town, Stete cemetary, grematory or other place) 1 ☐ Burial 2 ☐ Cremation 3 ☐ Ramovei from Steta 4 ☐ Donation 5 ☐ Other (Specify) 120 22. Nama and Address of Eacility
Joseph L. Kuss Funeral
2222 W. North Ave. Balto. re of Funeral Seglice Lic Hom 23a. Part. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest about or heart fellura. List only one ceuse on each line. Approximeta Interval Between Onsat and Death **Physician** immediete Ceuse (Finel disaese or condition resulting in deeth) /Medical Cell CARCINOMA - LUNG Examiner Due to (or es e consequence of) Examiner attending physician and for use as the burial-transit requires that the death certificete be executed Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in death) Lest Due to (or es e consequence of) Physiclan/Medical Due to (or as a consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1Dres 2 No 3 □ Probably 4 □ Unknown à 24b. Were sutopsy findings available prior to completion of cause of death? 24e. Wes en autopsy periormed? Completed 1 Yes 2 DNO 1 Yes 2 No funeral director, 25. Wes case referred to medical axaminar? 26. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Homa 5 Residence 6 Othar (Specify) 2 1 Yes 2 40 1 Impatiant 2 ER/Outpatient 3 DOA After this 28e. Dete of injury (Month, Dey Year) 27. Manner of Deeth 28b. Time of Injury 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 Netural 5 Pending Invastigetion after death. 1 Yes 2 No 2 ☐ Accident 6 Could not be 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) Plece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 D Homicide

1 🗠 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(s) and manner as steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated.

29c. License number

29d. Dete signed (Month, Dey, Year)

Division of Vital Records, P.O. Box 68760, or Attanding Physician: 24 hours a Hospital within 24 ho To the Fune completely fi

Baltimore, Maryland 21215-0020

State Registrar

Medical

29a. Certifier

AUG 16

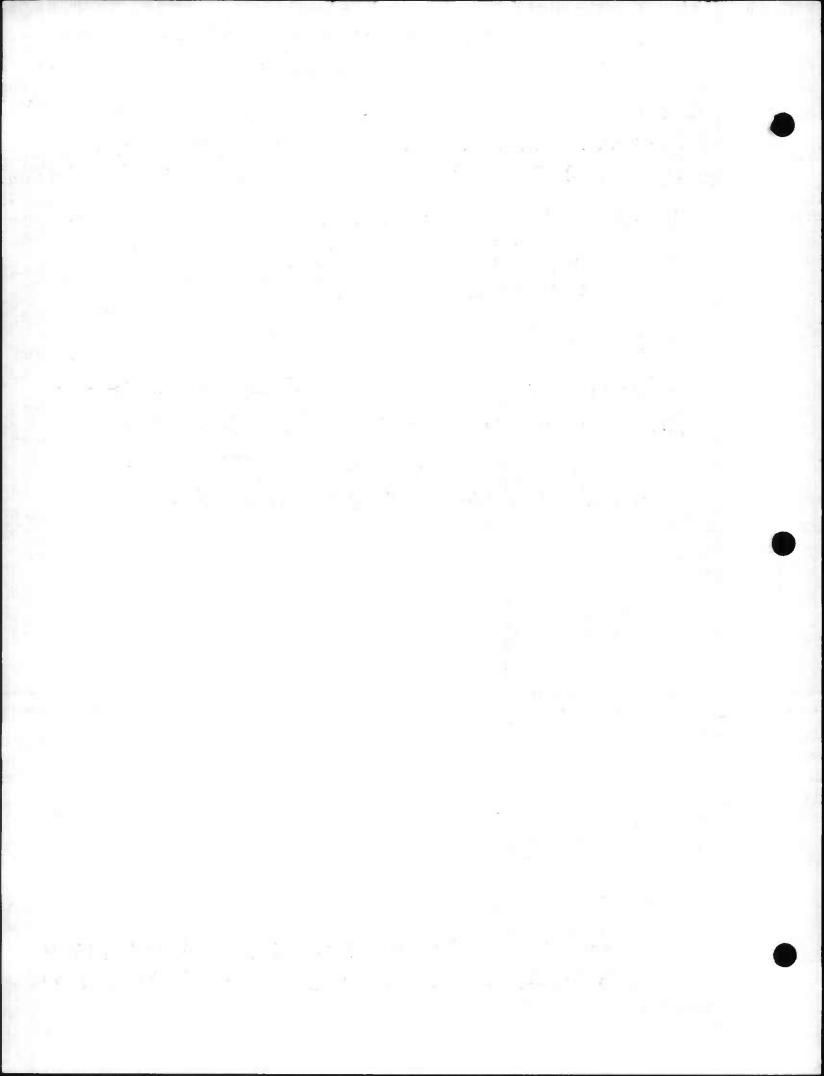
(Check only one)

29b. Signeture end title of certifier

MATHEW MenABNey 2434 31. Date filad (Month, Dey, Yeer) 32. Pegistrer's Signature

30. Name and eddress of person who completed cause of deeth (Item (Type, Print)

DHMH 16 Rev 6/95



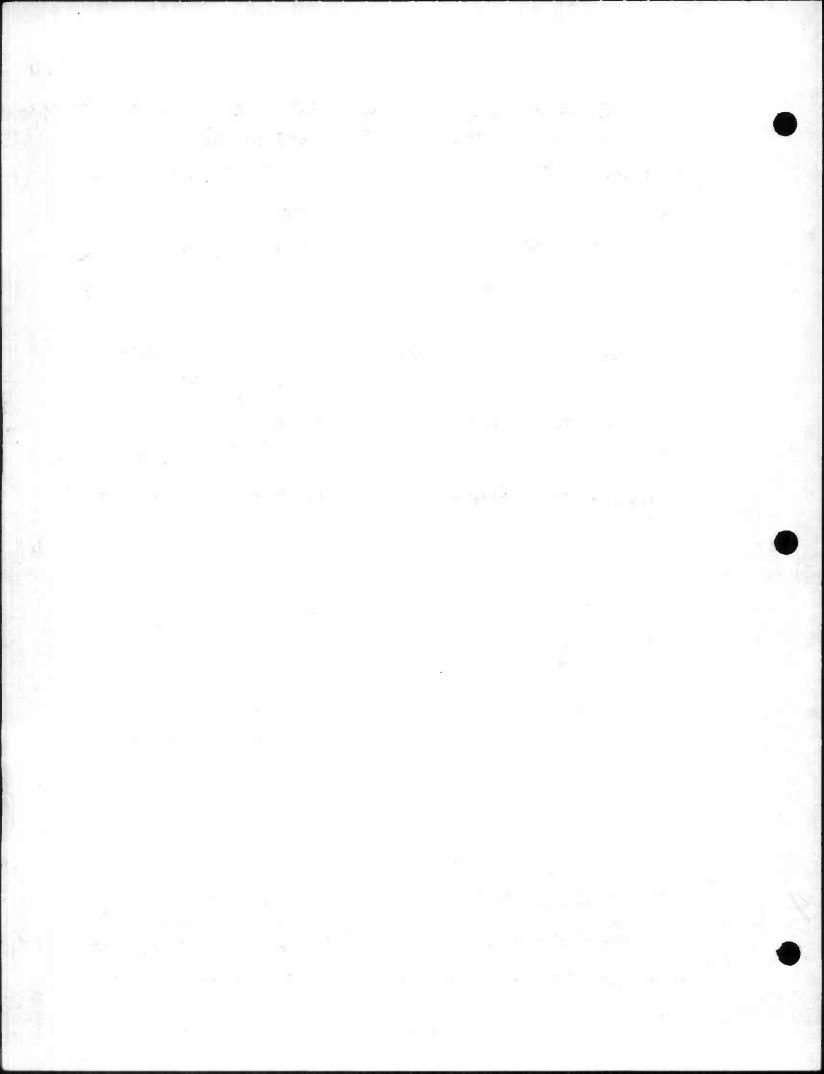
State of Maryland / Department of Health and Mental Hygiene

24416 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3. Tima of Death Month **Physician** Walters 1996 Patrick 7:45 A.M. August /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Gift Of Hope Hospice Baltimore N/A If Under 1 Yaar 5. Social Security Number If Undar 24 Hrs. 8. Data of Birth (Month, Day, Ye 10/30/58 Birthplace (State or Foreign Country) 7. Age (In yrs. last birthday) **Funeral** Days Hours 1**%** M 2□ F 37 212-76-9043 Yrs. Director Maryland Usuai Rasidence of Decedant the Manyland 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits rithan "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Director 1 Yas 2 □ No Maryland N/A Baltimore 10a. Street and Number 10f. Zip Code 10g. Citizen of What Country? Pages 1 and 2 should be filed within 72 hours after death with inent of Health and Mental Hygiene. 818 N. Collington Ave. 21205 U.S.A. Funeral 12. Was Decedant Evar in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yes or No-lf Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Black. Whita, atc l □ Yes 2 No f Yas, Giva Yaar or Datas: 1 Navar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2X No Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry I Hygiene. Elamantary/Secondary (0-12) College (1-4or 5+) Carpenter Construction marked other 17. Fathar's Nama (First, Middla, Last) 18. Mothar'a Neme (First, Middla, Maiden Sumema) Be Patrick J. Walters Elizabeth Wenck 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) nt of Health and it is in the contract to Daniel Walters Uncle 2001 Bank St. Baltimore, Md 21231 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of cematary, crematory or other place) 20c. Location - City or Town, State N Burial 2 □ Cremation 3 □ Removal from Stata ment Important: H any Injury o once. 8/17 Parkwood Cemetery Baltimore, Md 22. Name and Addrass of Facility David J. Weber Funeral Home Signature of Funeral Service Loen 401 S. Chester St. Baltimore, Md 21231 pilications that causad the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, one cause on each line. **Physician** /Medical Immediata Cause (Finei disaasa or condition rasulting in deeth) **Examiner** Dua to (or as a consequance of): Examiner The law requires that the death certificate be executed for use as the burial-transit Sequantially list conditions, if any, leeding to Immadieta cause. Enter Underlying Cause (Disease or injury that Initiated evants rasulting in death) Last pug Dua to (or as a consequence of): Mivision of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of). is certificate has been signed by the a director, page 2 should be detached i Part II. Other eignificant conditions contributing to death but not resulting in the undarlying causa givan in Part i. 23b. Did tobacco use contribute to the cause of death? ed by 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 Unknown þ Completed 24b. Wera autopsy findings available prior to complation of cause of death? 24a. Was an autopsy parformed? certificate has 1 □ Yas 2 □ No NA Physician: 25. Was casa rafarrad to medical å 28. Placa of Death (Check only ona) axaminar? Other: 4 Nursing Homa 5 Rasidance 8 Other (Specify) Hospice 1 Yes 2 No Medical Certification: To 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA #18 27. Manner of Death Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Afflet Attending 1 Accident 5 Panding invastigation 1 Yas 2 No ector: 3 Suicida 8 Could not be 28f. Location (Street and Number or Rural Routa Number, City or Town, State) B 28a. Piaca of Injury - At homa, farm, straat, factory, offica building, etc. (Specify) 4 Homicida 1 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and manner as stated.
2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, daath occurred at the time, data and place, and dua to the causa(s) and manner stated. 29a. Cartifian 29b. Signatury 29c. License number 29d. Date signed (Month, Day, Year) causa of deeth (Itam 23a) (Typa, Print) WERTHEL MEN NO 2434 W. Belvedere Ave, 82, Registrar's Signature 31. Data filed (Month, Dey, Year) State AUG 16 1996 Registrar

State of Maryland / Department of Health and Mental Hygiene

		Decedant's Name (First, Middle, L.)	ast)	Cér	tificate of	f Death	2. Dete of Dec	Reg. No.	24413
Physic /Medi Exami	cai	4e. Facility Neme (If not institution, gi	- RELL	Your	79	SR 4b. City, Town, or BALTIM	Month	Day 4c. County	
Funeral Director	Г	Sociel Security Number 6.		77 Yrs.	If Undar 1 Yaa Months Dey	r If Under 24 Hrs.			9. Birthplece (State or Foraig SEBRELL, VA
a-f show	ctor	10e. Steta 10b. County	n/a	c. City, Town or Lo		LTIMORE			10d. Inside City Limite
23a or 28 unt be no	Funeral Director	10e. Streat and Number 2330 RIGGS A	VENUE		10f. Zip Code	21216		10g. Citizen of V UNITE	
ral', or items Examiner m	þ	11. Maritel Status 1 □ Navar Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent Eva Armed Forces? 1 ☐ Yes 2 MNo If Yes, Give Year or Dates:	1	Ves Dacedent of Yes, specify Cu ☐ Yes X2 ☐ No	Hispenic Origin? (S ban, Mexican, Puert Specify:	pecify Yes or No- o Ricen, etc.)	14. Red Blee Specify	ce - Americen Indien, ck, White, atc. y: BLACK
Health and Menial Hygiene. tem 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, it a Medical Examinar must be notified at	Completed	15. Decedant's E (Specify only highest gr Elementery/Secondary (0-12) 8 th	Education rade completed) College (1-4or 5+)	(Give life. £	ant's Usual Occi kind of work don OO NOT use ratir	e during most of wor red)	king		usiness/Industry
ind Mental Hy marked othe umatic event,	To Be C	17. Fethar's Name (First, Middla, Las JOHN P. Y	oung	· · · · · · · · · · · · · · · · · · ·		18. Mothar's Nar			na)
Health and I am 27 is ma other traume		19e. Informent's Neme/Ralationship CHARITY Y.	PEARSON	303	35 W.	et and Number or Ru LANVALE			Stata, Zip Code) MARYLAND 2121
nent o		20e. Mathod of Disposition 1 ☑ Muriel 2 ☐ Cremetion 3 [4 ☐ Donetion 5 ☐ Other (Speci	☐Ramovel from State	Ob. Plece of Dispose cematery, crem YOUNG-S	natory or other pl	sace)	hipper		City or Town, Stete
Department important: if any injury o		21. Signeture of Funerel Sarvice Lice	r. Koze	22.	Neme end Add	•	H. <u>-</u> 1101	E. NOF	RTH AVENUE
Medical xaminer physician and partial-transfer set the burlal-transfer set to the physician and the ph	edical Examiner	Immediate Ceusa (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate ceusa. Enter Undarfylng Causa (Disease or injury that initiated evants rasulting in death) Lest	b	to (or es e consequento (or es	uence of):	L 0	NG		1 Month
gned by the attending p be detached for use as	by Physician/Me	Part II. Other significant conditions of		ot resulting In the un	derlying ceuse g	iven in Pert I.	23b. Did t		ntribute to the cause of death
has been s ge 2 should	Completed				-		24e. Was a perior	med?	24b. Were autopsy findings eveileble prior to completion of cause of deeth?
certificate rector, pay	o Be C	25. Wes cese raferred to medical exeminer?	Hospitei:		_ 0	26. Place of Dee	th (Check only or	ne)	
leath. for: After this the funeral di	Certification; To	1 Yes 25 No 27. Mennar of Death 12 Neturel 5 Pending 2 Accidant 3 Sulcida 6 Could not be	28e. Date of Injury (Month, Day Ye	2 ER/Outpatient 28b. Time of Injury	28c. Inju	4 LI Nursing H	ome 5 ☐ Resid 28d. Describe h		
ours after o eral Direct filled in by		4 ☐ Homicida datarmined	building, atc. (S	pecify)			City or Tow	n, State)	er or Rural Route Number,
	edical	one) 2 Medical Exam	nyelcian: To the bast of my minar: On the basis of axe end manner steted.	knowledge, daeth mination end/or inve	estigation, in my	ima, data and piece, opinion, daath occur asa number	rred at the time, o	lata end place,	ennar as stated. end due to the causa(s) d (Month, Day, Year)
of the Fun of the Fun ompletely	Z	29b. Signature and iffle of certifier							
Milin 24 h Tempe Fun Sempletery	M	29b. Signature and affe of certifier 30. Name and address of person who	arae_	- 17		11649	В	8-15	5-96 MD 21229





TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

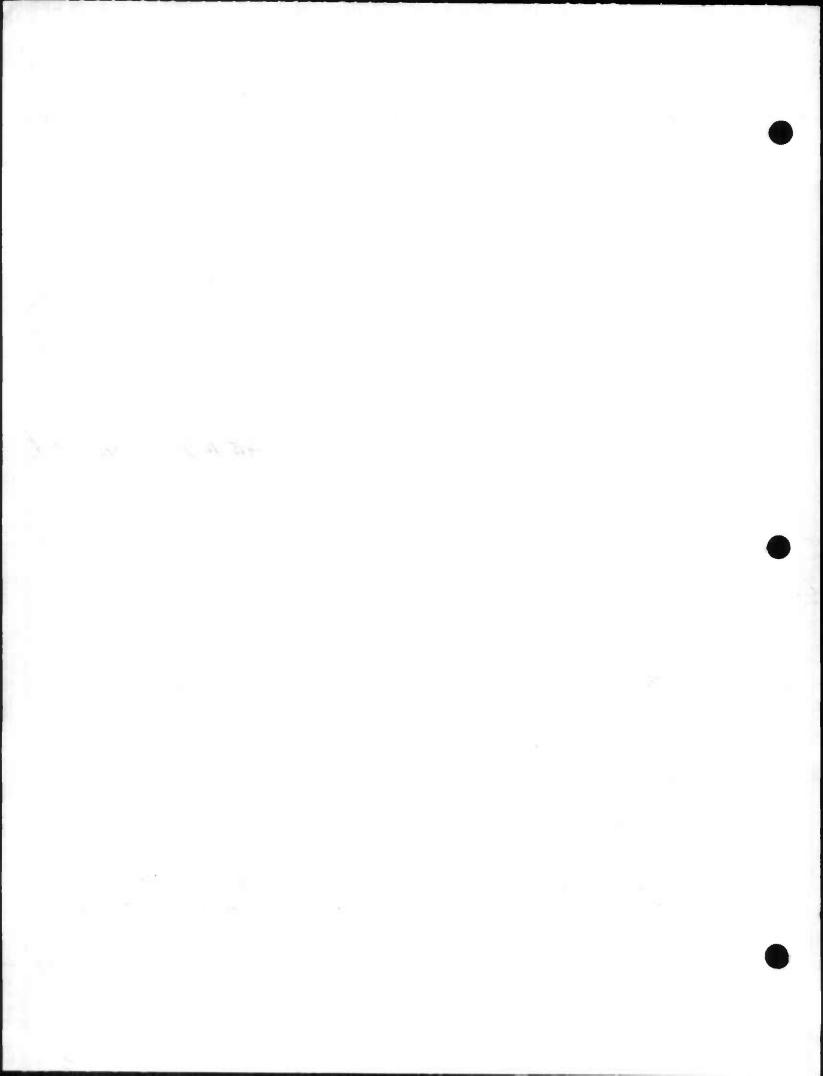
TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND / DEPARTMENT	0F	HEALTH AND	MENTAL	HYGIENE
		CERTIFICATE	0	F DEATH		REG NO

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / I	DEPARTMENT OF H		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) JAMES EIME	e ANDERS	01		2. DATE OF DEATH DAY	YEAR 1205 M			
	012 10 11 -1	SEX 6. AGE (In yrs. last i	YRS. MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH Day, Year) 1913	8. BIRTHPLACE (State or Foreign			
TOR	9e. FACILITY NAME (If not institution, give street	96. FACILITY NAME (If not institution, give street end number) DEATIN RESIDENCE OF DECEDENT							
DIRECTOR	Narylans 106. COUNTY	10	10c. CITY, TOWN OR LOCA	INOR		10d. INSIDE CITY LIMITS2 1 PES 2 NO			
FUNERAL	1600 Mt. Roll	Ist Avenu	5 7311	JIDI	7	CITIZEN OF WHAT COUNTRY?			
BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, sp	CENDENT OF HISPANI secify Cuben, Mexican is 2 LIMO Specify:		14. RACE — American Indian, Black, White, etc. Specify.			
COMPLETED	15. OECEDENT'S EDUCATI (Specify only highest grade com	pleted) (Givi	EOENT'S USUAL OCCUPATI e kind of work done during an Do NOT use retired.)	ost of working	16b. KIND OF BUSINESS/	INDUSTRY COLOR			
	17. FATNER'S NAME First, Middle, Last)	in Con	dent HII	16. MOTHER'S NAM	NE (First, Middle, Meiden Surneme	•)			
TO BE	190. INFORMANT'S NAME (Type) (Till)	7	MAILING ADDRESS (Street	and Number or Rural R	oute Number, City or Town, State,	To gode) 2/2/7			
	20e. METHOD OF DISPOSITION 1 © Burlel 2 Cremetton 3 Removal 4 Donation 8 Other (Specify)	from State 20b. PLACE AP	ND DATE OF DISPOSITION (Neatory or other place)	Vet Can	DATE 20c. LOCATION 8-15-96 OWN	Las Mills, Md			
	21. SIGNATURE OF FUNERAL SERVICE LICENS JULY 9714	IEE VIS	32. NAME A	NO ADDRESS OF FACE	TESTUME!	Roms F. W.			
	23. PART 4-Enter the diseases, or com- shock, or heart feliure. Lief IMMEDIATE CAUSE (Fine)	t only one ceuse on each line.			•	arrest, Approximate interval Between Onset and Death			
	disease or condition resulting in death) s	CHRONIC DUE TO (OR AS A CONSECU	RENAL 1	NSUFFIC	CIENCY	2 WKS,			
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSECU	UENCE OF):						
CERTIFICATION	CAUSE (Disease or Injury thet Initiated eventa resulting in death) LAST	DUE TO (OR AS A CONSECU	UENCE OF):						
AL	PART II. Other significant conditions of CONSESTIVE HEA	ontributing to deeth but not re	eulting in the underlyin	ng ceuse given in I	PERFORMED?	AWAILABLE PRIOR TO			
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIB		-	UNCERTAIN	1 TYES 2 1 NO	OF DEATH? 1 YES 2 NO			
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE	OF DEATN (Check only one)					
	27. MANNER OF DEATN 1 A Natural 8 Pending	Vinpatient 2 ☐ ER/Outpatient 3 ☐ 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. IN INJURY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE NOW INJURY	OCCURED			
TED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At hon building, etc. (Specify)	ne, farm, atreet, factory, offi	ce	281. LOCATION (Street end Num City or Town, State)	nber or Rural Route Number,			
COMPLETED	CONSTRUCTION OF THE PROPERTY O	N: To the best of my knowledge, dea On the best of examination end/or in				stated, to the ceuse(e) end manner es stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Jallam	Q	29c. LICENSE NUM		DATE SIGNED (Morith, Day, Year) AUGM ST 12, 1996			
TO	30. NAME AND ADDRESS OF PERSON WHO C		127) (Type, Print) 11 5. CH4	PLES ST.		5, m) 21230			
	31. DATE FILED (Month, Day (Ser)) AUG 17 1996	"32. REGISTER SUPPLIES AND ASSESSED IN THE COLUMN TO SUPPLIES AND ASSESSED ASSESSED IN THE COLUMN TO SUPPLIES AND ASSESSED ASSESSED AND ASSESSED AS		21.5 E					





	E HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train of within 72 hours after death with the State Deat, of Health and Mental Houlese prior to burial, cemation, or removal.	
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	tained by	should be	tifled a
1	nay be re	, page 5	et be no
	Page 6 r	al director	ner mu
	er death.	the funer	i exami
	hours aft	ed in by	medica
	within 24	pletely fill cremation	ent, the
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	that the d	d by the	my injur
	requires	een signe of Health	shows a
	The law	ate has b	tem 23
	INSICIAN	is certific of the S	ed, or i
	NOING PF	t: After th	is mark
	DR ATTE	DIRECTOR IOUR after	tem 28
	HOSPITAL	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the full with 12 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	RTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	E	W 5	8

Pages 1, 2, 3 should

permit.

urial-transit

TO THE HOSPITAL TO THE FUNERAL C be filed within 72 h

5

31. DATE FILED (Month, Day,

AUG 17 1996

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

2111

32. BEGISTRAR'S SIGNATURE

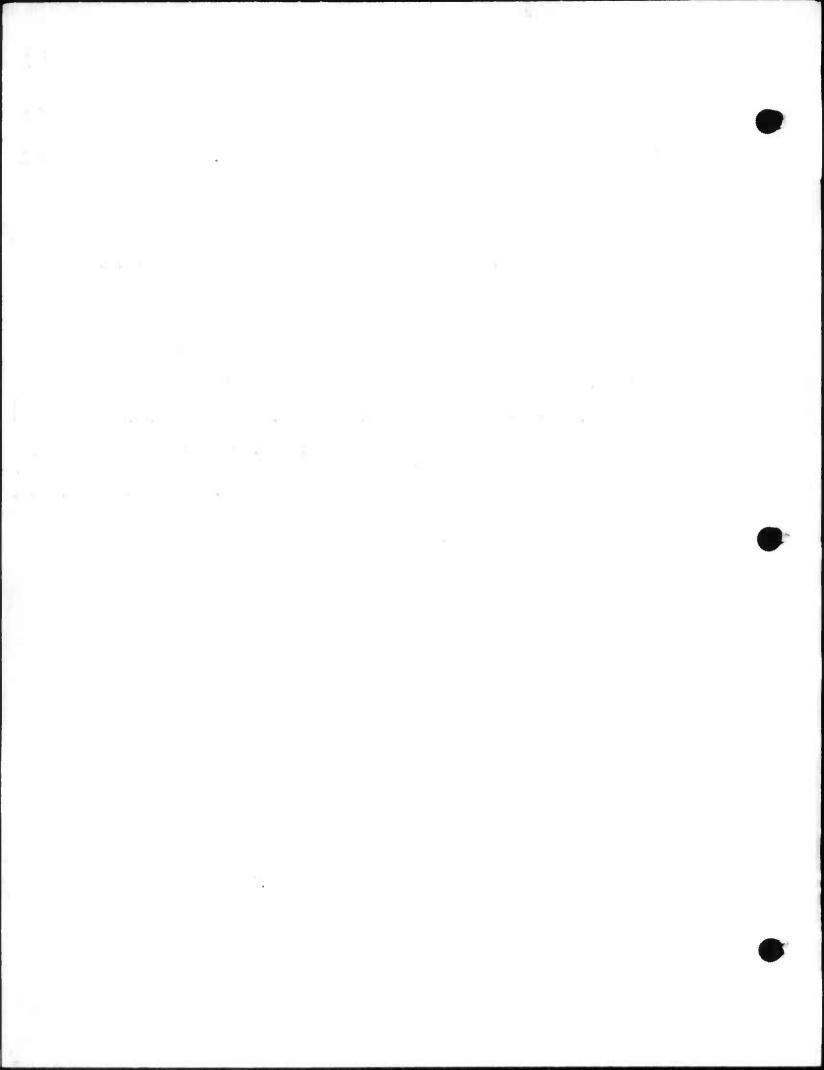
L amor

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEMENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 96 80 :20 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Aug. 13, 1911 1 XM 2 F West Virgini HOURS 216-14-5445 85 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR Long View Nursing Home Manchester Carroll RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Hampstead Maryland Carroll 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1730 North Main St. 21074 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 AO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY Specify: 3 Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Sp (Give kind of work done during life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 6 Farmer Farming 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname Lannie G. Harper Carrie Mona Smith BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 1730 N. Main St. Hampstead, Md. 21074 Dorothy G. Harper 20e_METHOD OF DISPOSITION
1 ABurlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE New Lutherah Cem. Aug. 19, 1996 Manchester, Md. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ECKhardt Funeral Chapel Start 3296 Charmil Dr. Manchester, Md.2110: 23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one ceuse on each line. Interval Between **IMMEDIATE CAUSE (Final** Onset end Deeth diseese or condition Altahemer resulting in death) DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leeding to immediate e. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY 1 YES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO I UNCERTAIN I 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL OTHER 1 | YES 2 | NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Rursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural BY м 1 YES 2 NO 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER
(Chack ank)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data end place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Pay, Year)

186 17



			Decedent's Nama (First, M.		e of Maryla		artmei ertifica				2. Data of De	Reg. No.	5 2	3. Time of Death
-	Physic /Medi	cal	WILLIA	M	MUR						AUGUST	Day 19	Year	05 25 AM
	Examir	ner	4e. Facility Name (If not Institution NORTHWE.	tion, give street end	OITAL	CEN	TER	- 1	RANG	DALL	STOWI	U BAC		RE
	Funeral Director		5. Social Security Number 216–18–4574	6. Sex 1 2 M 2 □	7. Age (In yi	s. last birthdey Yrs.	Months	Days	if Under Hours	24 Hrs. Min.	8. Deta of Bir May 27	1971	9. Birthp Mar	lace (Stele or Foreign
	how		Usuai Residance of Decedant 10a. Stata 10b. Cou		10c. (City, Town or L	ocation						10	Od. Inside City Limits
	r 28a-f show	ector		imore		Owing	s Mil							1 Yes 2 No
	23a or 2	Dir	10e. Street and Number 103 Dorgate R	a			10f. Zi	p Coda 211	47			U.S.A.		try?
	ter death items 2%	Jera	11. Meritel Stetus	12. Wes E	ecedant Evar in	U,S. 13	Was Dece			gin? (Spe	cify Yes or No Ricen, atc.)		e - Americ	an fndian,
Maryland 21215-0020	9 9	by Funeral Directo	1 ☐ Nevar Married 2 ☐ N 3 Ø Widowad 4 ☐ Divord	farriad 1 🗗 Ya	f Forcas? as 2 ☐ No Giva or Detes:		if Yas, spe	0.00	Specify:	i, Puerto I	Ricen, atc.)		ok, Whita, o	
5-0	72	eted	15. Dacad (Spacify only hig	dant's Educetion thest grada complete	ed)	16a. Deci	edant's Usu a kind of w DO NOT u	uai Occup	ation during mos	t of workir	ng	16b. Kind of B	usinass/Inc	lustry
121	d within piene. r than "	Jumo	Elamentary/Secondary (0-1)		a (1-4or 5+)	1	DO NOT					Baltimo	re Co	o. Schools
Dd 2	The same of the same of	Be Completed	17. Fathar's Name (First, Midd	lla, Last)		2.0			_	er's Name	(First, Middle	, Meidan Suman		7. 50110020
ylar	d 2 should be fill and Mental H T is marked oth traumatic avan	ToB	Oliver Mur	ray					Lei	f Ga	mber			
Mar	d 2 sh h and 7 is m treum		19a. Informant's Name/Raietic									er, City or Town,		Code)
	s 1 and 2 I Health s tam 27 ls		Alice Kelley 20a. Mathod of Disposition		20b	Piece of Disp cematery, cre				ngs	Dete Dete	Md. 211 20c. Location -		wn, Stata
E O	Pages ent of nt: If it		1 ☑ Burial 2 ☐ Cramatic 4 ☐ Donation 5 ☐ Other		oni Stata	cematery, cre eer Par				19	,1996			wn, Md.
Baltimore,	permit. Pages 1 and 2 should be filed Department of Health and Mental Hyg Important: If item 27 is marked other any injury or other traumatic avant, once.		21. Signature of Funeral Sarvi		X	Ž	2. Nama a	nd Addres	s of Facilit	l Ch	apel			
	_		23a. Part1. Entar the disease shock, or heart failure. L	or complications th	at caused tha da	ath. Do not ar	1605 ntar tha mo	Reis da of dyin	terst g, such as	cardiac o	Rd. Ow:	ings Mil rrest,	ls, N	Md. 21117 Approximeta
N. A.	Physician /Medical Examiner	er	fmmediata Causa (Final disaasa or condition rasulting In death)		CUTE	- 1	17							Interval Batween Onset and Death
	cate be executed physician and sthe buriel-transit	Examiner	Sequantially list conditions, if any, laading to immadiate	6	Dua to	(or as a conse	quance of)	:					i	
68760,	be ex sician buriel	dical E	causa. Entar Underlying Cause (Disaasa or Injury that initieted avants	C									-	
Box 687	certificate nding phy use as the	n/Medic	resulting in daeth) Lest	d	Due to	(or as a consa	quence of):						1	
	death e atte	sicia	Part II. Other significant cond	itions contributing to	o death but not re	sulting in the	undarlving	cause give	an in Pert I.		23b. Dfd	tobacco use co	ntribute to	the cause of death?
s, P.O	requires that the death certific veen signed by the attending p hould be deteched for use as	by Physician/Me	CVA, DE								10	Yes 2 No	3 Prob	pably /OUnknown
Records,	v requir been s should	Completed										an autopsy ormed?	ava	ara autopsy findings allable prior to apletion of cause daath?
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	Physe er this eral di	n: To	27. Mannar of Death	28a. Da	ita of Injury	28b. Tima		OA 28c. Injun Work	4 LI NU			dence 8 Oth how injury occurr		')
ior	Attending or death. ector: After by the fune	atio		stigation	ionth, Day Year)	Injury	м		<br Yes 2 □ I	No				
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State of Maryland / Department of Health and Mental Hygiene

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Physician Medical Examiner Ph	tim	it. Pa rtmen rtant:								Baltimo	re, M	d.	
Physician / Medical Examiner 23a. Part 1. Enter the disease, or complications that caused tha deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, inflatival Batween Onset and Death / Medical Examiner 15	Ba	Depa Impo any l		21. Signature of Funerel Service License	landt					r. Md.	21102		
Physician /Medical Examiner Medical Examiner M				23a. Pert1. Enter the diseese, or complice shock, or heert feilura. List only on	etions thet caused tha deceuse on each line.							Approximete Intarval Between	een
resulting in deeth) Port of the second of t				Immediate Cause /Finei	0	- 1	.1	(0			ŀ	Onset and De	ath
Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Ceuse (Disease or injury their initiated events resulting in deeth) Last Due to (or es e consequence of):				disease or condition	Co	rapotive	. Hear	t test	-د		1	weeks	
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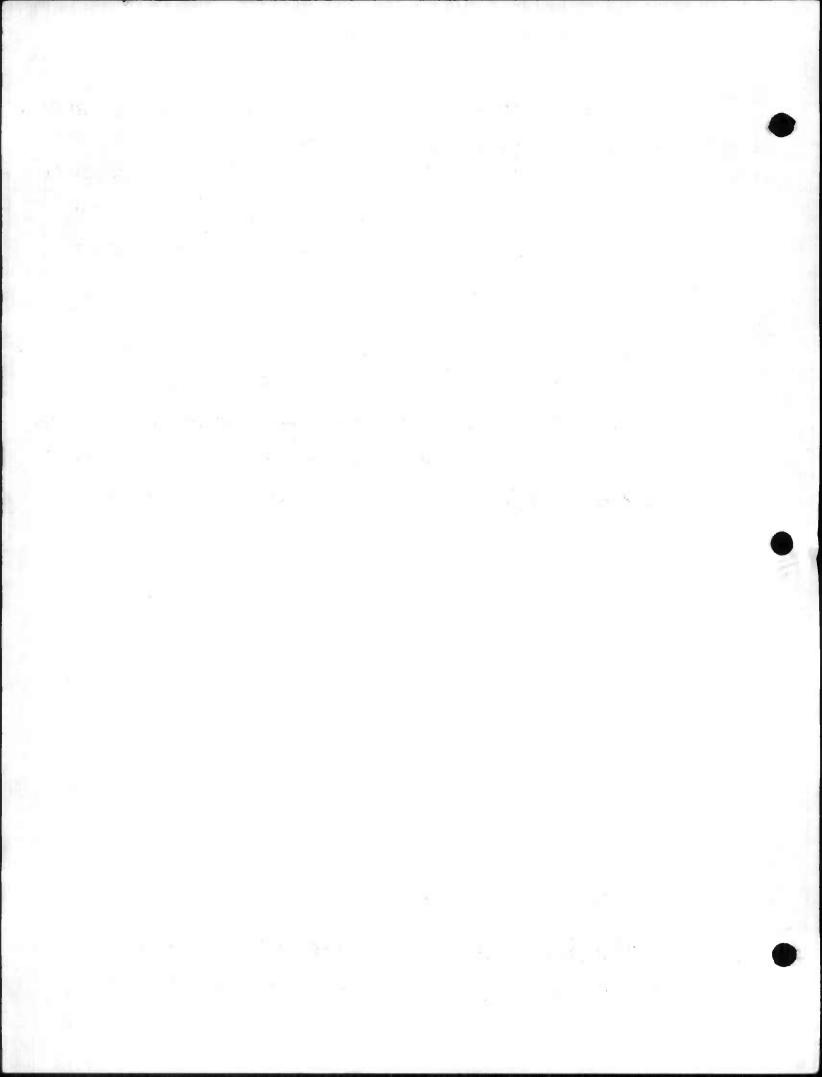
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Please Type or Print in Black indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 24420 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death Month O **Physician** Bellamy LOIS /Medical 4a. Facility Nema (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Deetl Examiner Balt: more Mary bad Bullimore University If Undar 24 Hrs. 8. Dete of Birth
-Month, 32y, 1930 9. Birthplaca (State or Foreign N. CAROLINA 5. Social Security Number If Undar 1 Yaer lest birthdey) **Funeral** Days Months Min. 1□ M 2√xF Hours 66 Yrs. 220-24-9974 **Director** Usual Residence of Decedent with the Maryland 10a. Stete 10b. County r 28a-f show 10c. City, Town or Location 10d. Inside City Limits BALTIMORE Yes 2 No MD n/a Director 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country?
UNITED STATES r than "natural", or items 23a or the Medical Examiner must be n **AVENUE** 21205 2623 BERYL Funeral filed within 72 hours after death Was Decedant Evar in U,S. Armed Forcas? Wes Decedent of Hispenic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Merital Status 1 Nevar Merried 2 Merried 1 ☐ Yes 2/□ No If Yes, Give altimore, Maryland 21215-0020 BLACK 1 ☐ Yes 2 ☐ (No Specify: þ 3 X Widowed 4 □ Divorced Yaar or Dates: "natural", Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Coilege (1-4or 5+) BALTIMORE CITY POLICE Hygiene. CUSTODIAN permit. Pages 1 and 2 should be filled will Department of Health and Mental Hygien Important: if item 27 is marked other that any injury or other traumatic event, the ODGs. DEPT. 18. Mother's Neme (First, Middle, Melden Sumama)
OLA SINCLAIR 17. Father's Name (First, Middla, Last) Be JOHN GAINEY OLA 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Steta, Zip Code) AVENUE, BALTIMORE, MARYLAND TANYA Y. BELLAMY- LEWIS 4844 CLAYBURY 20b. Piece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, State 1 Burial 2 Cremetion 3 Removei from State
4 Donetion 5 Other (Specify) ARBUTUS MEMORIAL PARK 8-19 ARBUTUS, MARYLAND 21. Signeture of Fugerel Service Licensee 22. Neme end Addrass of Facility WM. C. MARCHFH.-11-1 E. NORTH AVENUE 23e. Pert1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. pproximale **Physician** /Medical immediete Ceuse (Final disaesa or condition resulting in death) pleural effusion Examiner C Squamous Cell Cancer of Larayax
Due to (dras e consequence of): Examiner ician and buriaf-transit Sequentielly list conditions, if any, leeding to immediate ceuse. Entar Underlying Cause (Disease or injury Division of Vital Records, P.O. Box 68760 physician 8 Physician/Medical thet initiated events resulting in death) Last 2 Due to (or es e consequence of): 88 880 signed by the a d be detached Part il. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? Completed 200 page 2 confidents 1 ☐ Yas 2 ☐ No Physician: 25. Was case referred to medical examiner? Be 28. Piece of Deeth (Check only ona) Hospitel: 1 Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 2 ER/Outpatient 3 DOA ä 27. Manper of Deeth 28b. Time of Injury 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 Aneturei
2 Accident Attending 5 Pending investigation 1 Yes 2 No Director 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and piece, and due to the ceuse(s) end manner as steted.

| Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end piace, and due to the cause(s) end menner steted. 29e. Certifier Medical (Check only one) To the 29b. Signeture end title of certifier 29c. License number 29d. Data şigned (Month, Day, Year) 14/96 me 30. Name and address of person who completed cause of death (item 23e) (Type, Print) 16 S. Futgw St. Suite 400 Baltimore, Mp 21201 Marc D. Ham burger 31. Dete filed (Month, Day, Year) 32. Registrar's Songluste State AUU 1 9 1996

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Registrar



96-4614-510 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. CMK ITEM: 1. PER MEO FILM g-738 State of Maryland / Department of Health and Mental Hygiene 21112 8/19/96 t.t Certificate of Death 1. Decadant's Name (First, Middle, Lest) 2. Data of Deeth **Physician** Month SILVIA SYLVIA BRYANT AUGUST 1996 15, 2007PM /Medical 4e. Facility Neme (If not institution, give street end numbar) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner UNIVERSITY SHOCK TRAUMA UNIT BALTIMORE CITY 5. Social Security Number If Under 1 Year If Under 24 Hrs. 7. Aga (In yrs. last birthday) 9. Birthplece (State or Foraign **Funeral** 218-48-0574 Deys BALTIMORE, MD 1 M 2 X 49 Yrs. Director Usuet Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show MD must be notified Director n/a BALTIMORE 1 X Yas 2 □ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 9 2018 CALVERT S T. 3rd floor UNITED STATES 238 12. Wes Decedent Ever in U,S.
Armed Forces?

1 ☐ Yes ★ (X) No
If Yes, Give
Yeer or Detes: or items Wes Dacadent of Hispenic Origin? (Specify Yes or Notif Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. Pages 1 end 2 should be filed within 72 hours after nent of Heaith and Mental Hygiene. 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: þ BLACK Specify: Widowed 4 □ Divorced 'netural', Be Completed 15. Dacedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 18b. Kind of Businass/Industry Hygiene. Elamentary/Secondery (0-12) Cotlege (1-4or 5+) LABORER domestic-unempl 8 th 17. Fethar's Neme (First, Middle, Last) 18. Mother's Nama (First, Middle, Malden Surname) is marked LUTHER P. AMOS 10 LILLIAN HAYNIE 19a. Informent's Name/Ralationship (Type, Pnnt) 19b. Meiling Addrass (Street end Number or Rurel Route Number, City or Town, State, Zip Code) permit. Pages 1 end 2 Department of Heaith a Important: If Item 27 Is any Injury or other tra FRANKLIN ST., BALTIMORE, MD 21201 LILLIAN 20a, Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete MEMORIAL VOSHELL GARDENS 8-20 DUNDALK. MD 21. Signature of Funeral Service Licenses 22. Nama end Address of Fecility WM. C. MARCHFH.-1101 E. NORTH AVENUE mana moun 23e. Pert1. Entar the disaase, or son shock, or heert fellure. Ltd. inty nplications that caused the daath. Do not anter the mode of dying, such as cardiac or respiratory errest, y ona cause on each lina. Approximate Intarval Between Onset and Daeth **Physician** Immediate Ceusa (Final diseasa or condition resulting tn daeth) /Medicai **Examiner** Due to (or as a consequanta of) Physician/Medical Examiner buriel-transi Sequentielty list conditions, if eny, leeding to immediata ceuse. Enter Underlying Ceuse (Diseese or Injury Due to (or es e consequença of): The law requires that the death certificate be execu P.O. Box 68760. attending physician thet initieted events rasulting in deeth) Last for use es the Due to (or es a consequence of) Part II. Other significent conditions contributing to death but not resulting in the undarlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 5 3 Probably 4 Unknown Division of Vital Records,

þ Completed Be 2

25. Was case refarred to madical 27. Manner of Death

Certification: To the Hospital of within 24 hours a To the Funeral D completely filled in

certificate hes or Attending Physician: this funeral After

State Registrar

Medical

Date filed (Month, Day, Yaar) AUG 19 1996

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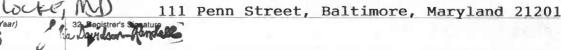
1 ☐ Naturet

2 Accident 3 ☐ Suicida

4 Homicide

29a. Certifier (Check only only)

29b. Signato



1 Minpatient 2 ☐ ER/Outpetient 3 ☐ DOA

28a. Place of Injury - At homa, farm, street, fectory, office building, etc. (Specify)

28b. Tima of

DIM

1 Certifying Physician: To the best of my knowledge, daath occurred et the time, data and plece, end due to the cause(s) and manner as steted.

2 Medical Examiner: On the basis of axamination end/or investigation, in my opinion, daeth occurred et the time, dete end place, and due to the cause(s) end menner stetad.

29c. License number

O.C.M.E.

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29d. Dete signad (Month, Dav. Year)

AUGUST 16, 1996

Hospital:

5 Pending investigation

6 Could not ba datermined

28e. Dete of Injury (Month, Day Year)

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odress of person who complated cause of deeth (ttam 23a) (Type, Print)

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 24422 Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Date of Death 3. Time of Death **Physician** 75RD BAN /Medical 4c. County of Death 4a. Facility Name (If not institution, giva straat and number) 4b. City, Town, or Location of Death Examiner 09 NorTh 6. Šex 5. Social Security Number if Under 1 Year Under 24 Hrs. 7. Age (In yrs. 8. Date of Birth Month, Day last birthday Birthplace (Stata or Foreign Country) Funeral 1 M 250 Months Days Hours Director Usual Residence of Decedent the Maryland 10a. State 10b. County than "natural, or items 23s or 28s-f show the Wedical Evantiner must be notified at 10c. City, Town or Location 10d. Inside City Limits **Funeral Director** 1 PYes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? death with 12. Was Decedent Ever in U.S. Armed Forces? 1 Yes 2 No If Yes, Give 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) Race - American Indian, Black, White, etc. Pages 1 and 2 should be filed within 72 hours aftar cann of Haatih and Mental Hygiena.
Int: If Item 27 is marked other than "natural", or iter
Inty or other traumatic event, the Medical Eventinar. 1 ☐ Never Married 2 ☐ Married 21215-0020 f Yes, Give Year or Dates: 1 ☐ Yes 2 No Specify. BLACK Specify Be Completed by 3 Wildowed 4 □ Divorced 16a. Decedent's Usual Occupation
(Giva kind of work dona during most of working
lifa. DO NOT use retired) 15. Decedent's Education (Spacify only highast grada complated) 16b. Kind of Business/Industry College (1-4or 5+) Elementery/Secondary (0-12) Baltimore, Maryland 17. Father's Name (First, Middla, Last) 18. Mother's Neme (First, Middla, Maidan Sumama) 2 (950RGE 19e. Informant's Name/Relationship (Type, Print) Malling Address (Straet and Number or Rural Routa Number, City or Town, Stata, Zip Code) 20b. Place of Disposition (Nama of camatary, crematory or other place) od of Disposition 20c. Location - City or Town, State 1 Burial 2 Gremation 3 Removal from State Department of Important: If any Injury or S ☐ Other (Specify) 4 Donation 21. Signeture of funeral Service Licensee 22. Nathe and Addie 23a. Part / Ent rune disease or comblications that caused the death. Do not enter the mode of dying, such as shock, or san failure. List only one cause on each line. Approximate Interval Between Onset and Death Physician /Medical Immediate Ceuse (Final Athersclerosis disaase or condition resulting in death) Examiner Examine Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last Accident Division of Vital Records, P.O. Box 68760. Jav erobrovascu 25 Physician/Medical The law requires that the death certificate Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Completed by 24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Was an autopsy performed? 1 Yes 22 No 1 Yes 2 No 25. Was case referred to medical examiner? 8 26. Place of Deeth (Check only ona) 2 No Certification: To † ☐ Yeş 1 Inpatient Other: 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 2 ER/Outpatient 3 DOA 芸 27. Menner of Death 28d. Describe how injury occurred 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 1 Natural 5 Pending Investigation 1 Yes 2 No 2 Accident 3 Sulcide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Spacify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 6 4 - Homicide 29a. Certifier We certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only one) 2 Medical Examiner: On the besis of examination and/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29d. Date signed (Month, Day, Year)

State Registrar 31. Date filed (Month, Day, Year)
AUG 1 9 1936

completed cause of death (Item 23a) (Type Print)

29b. Signature and title of certifier

30. Name and address of person Wito

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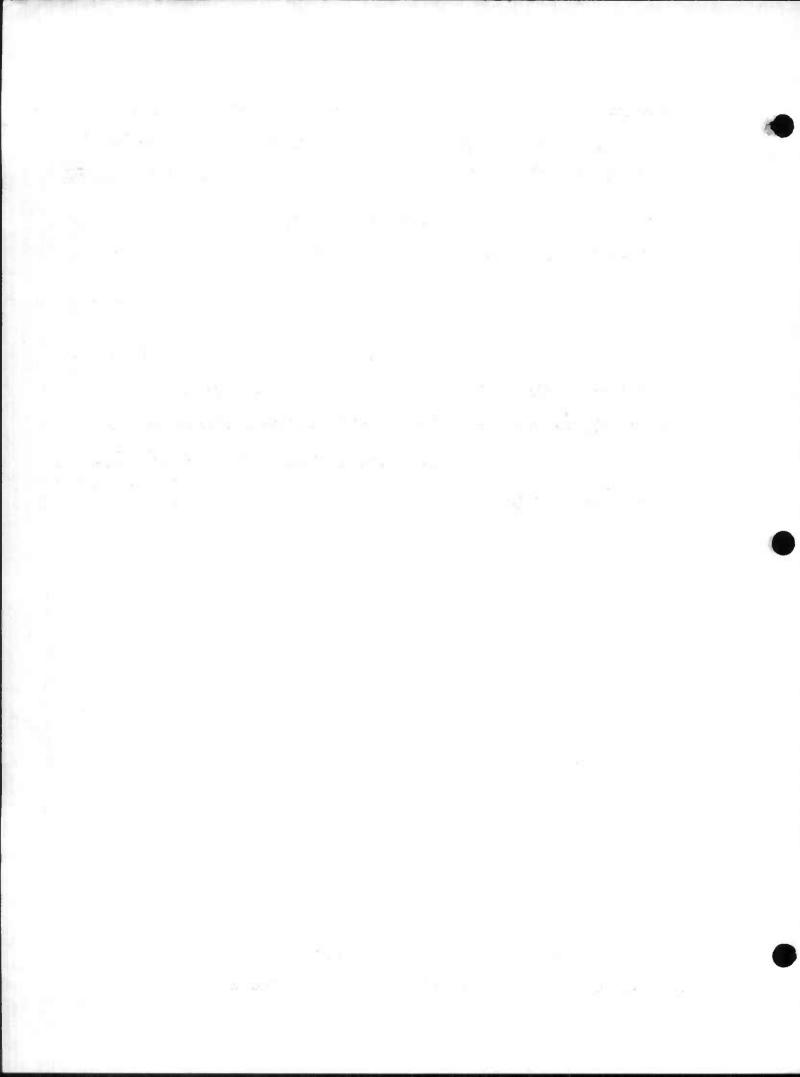
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	Funeral Director		5. Social Security Number 6. S 213-36-4522 1	ex 7. Age (In y	yrs. lest birthdey, Yrs.	Months De			Year) 4-40	9. Birthplac Country	(State or Foreign
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	or 28	Sire	10e. Street and Number	1		10f. Zip Coo			10g. Citizen of V	10	17
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21215-0020	or the	by Funeral	11. Maritel Stetus 1 Never Merried 3 Widowed 4 Divorced	12. Wes Decedent Ever in Armed Forces? 1 Yes 2 700 if Yes, Give Yeer or Detes:	n U,S. 13.	Wes Decedent If Yes, specify C	of Hispanic Origin? (Scuben, Mexican, Puer Coben, Mexican, Puer Cobecity:	Specify Yes or No- to Rican, etc.)	Specify	e - American ck, White, etc.	
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State of Maryland / Department of Health and Mental Hygiene

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Physician
/Medical
Examiner

Funeral

Director 28a-f show the Medical Examiner must be notified at ò Itams 23a deeth should be filed within 72 hours after and Mental Hygiene.

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Baltimore, Maryland 21215-0020

permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: if item 27 is marked oth any linjury or other traumatic event 2008. Physician /Medical **Examiner**

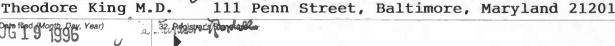
siclan end burief-transit The law requires that the death certificate be executed P.O. Box 68760, signed by Records, page 2 should certificate of Vital tal or Attending Physician: first death.
Director: After this director by the funeral di After this Division

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death Month Yaar GREGORY WAYNE COLE AUGUST 07 1996 5:46 AM 4a. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Daath 900 BLK NORTH ROSE STREET BALTIMORE If Undar 1 Yaar If Undar 24 Hrs. 7. Aga (In yrs. last birthday) 9. Birthpiaca (Stata or Foraign 214-58-7132 X[X] M 2□ F Hours 45 BACOTIMORE, MD Yrs. Usual Rasidance of Dacedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits MD n/a BALTIMORE Director 1XXYas 2 No 10a. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? STREET 2417 **JEFFERSON** 21205 UNITED STATES Funeral 12. Was Decedent Evar in U,S. Armed Forcas? 1 ☐ Yas XXNo If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Rican, atc.) Race - Amarican Indian, Black, White, atc. 11. Marital Status Navar Married 2 Married 1 Yas 2 No Specify: BLACK À 3 Widowad 4 Divorcad Completed 15. Decedant's Education 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry (Spacify only highast grada complated) Elamantary/Secondary (0-12) Collaga (1-4or 5+) th TAILOR self- employed 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be CHARLES ROBERT EDNA BOOZE 19a. Informant's Name/Ralationship (Typa, Print) 19b. Mailing Addrass (Straat and Numbar or Rural Routa Numbar, City or Town, Stata, Zip Coda) CHARLES/ EDNA D. COLE STREET, BALTIMORE, MD N. CHAPEL 20a. Mathod of Disposition 20b. Place of Disposition (Name of cematary, cramatory or other place) 20c. Location - City or Town, Stata Data 1 ♥ Surial 2 □ Cramation 3 □ Ramoval from Stata 4 □ Donation 5 □ Other (Spacify) BALTIMORE CEMETERY 8-20 BALTIMORE, MD 21. Signatura of Funarai Sarvica Licens 22. Nama and Addrass of Facility WM.C. MARCHFH. - 1101 E. NORTH umour complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, only one cause on each line. Onsat and Death Immediata Causa (Final disaasa or condition rasulting in daath) LOKIC Dua to (or as a consaguance of) Physician/Medical Examiner Sequantially list conditions, if any, laading to immadiata ceusa. Entar Undarfying Cause (Disaasa or Injury that Initiated avants rasulting In daath) Last Dua to (or as a consequence of): Dua to (or as a consequence of) Part II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco usa contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Be 25. Was cesa rafarred to medical 26. Placa of Death (Check only ona) axaminar? 1X Yas 2 □ No Other: 4 \square Nursing Home 5 \square Residence 6 KOther (Specify) SCENEHospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Medical Certification: To 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28d. Dascribe how injury occurred 28b. Tima of 28c. Injury at Work? 1 Natural 5 Panding Invastigation Injury 1 Yas 2 No Format 17/96 541114 M 2 Accidant con Known Could not be datarmined 3 Suicida 28a. Place of Injury - At hom building, atc. (Spacify) 281. Location (Street and Number of Rural Routa Number, City or Town, State) 900 block Doy the Street, Baltoner, Many Land At homa, farm, straat, factory, office 4 Homicida found on stress Tound on STYM Street, Baltanee Many land

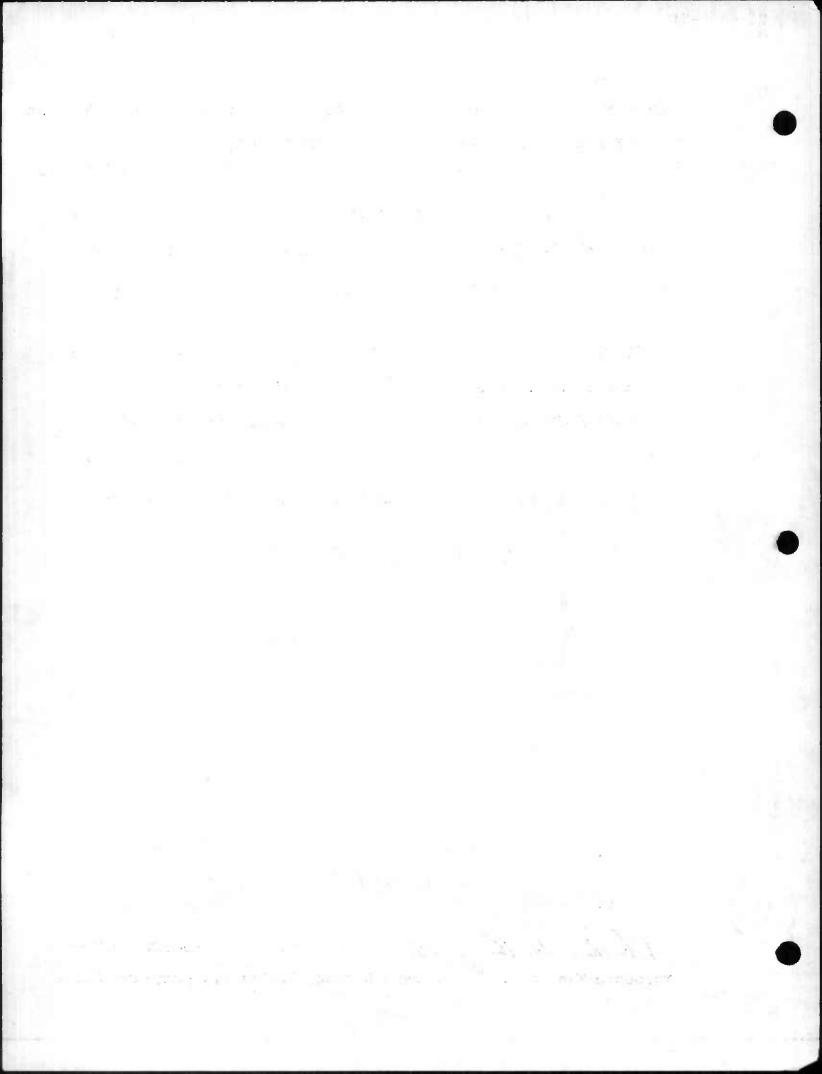
1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifiar 29b. Signatura and titla of certifian 29c. Licansa number 29d. Data signed (Month, Day, Year) O.C.M.E. AUGUST 07,1996

State Registrar



30. Nama and addrass of person who complated ceusa of death (Itam 23a) (Typa, Print)



State of Maryland / Department of Health and Mental Hygiene Certificate of Death

29d. Date signed (Month, Day, Year)

24425

1. Decedent'a Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** 16, SISTER MARY CATHERINE COLLINS AUGUST 1996 7:40 PM /Medical 4b. City, Town, or Location of Deeth 4a. Facility Name (If not institution, give street and number) 4c. County of Deeth Examiner SAINT JOSEPH MEDICAL CENTER TOWSON, MARYLAND BALTIMORE If Under 1 Year If Under 24 Hrs.

Montha Deys Hours Min. 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Year) Birthpiece (State or Foreign Country) **Funeral** 1 □ M 2 🔀 F Yrs. Director 579-66-8768 10/7/1917 Philadelphia, PA Usuel Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d, Inside City Limits r 28a-f show a notified at The Maryla Philadelphia 1 ☐ Yes 2 ☐ No PA. Philadelphia Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 8 r than "natural", or learns 23a or the Medical Examiner must be 2035 Vista Street 19152 U.S.A. Funeral Was Decedent Ever in U.S. Armed Forcea? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. filed within 72 hours after Hygiene. ther than "natural", or its 1 Never Merried 2 Married 1 ☐ Yea 2 💆 No If Yes, Give Yeer or Detes: Baltimore, Maryland 21215-0020 1 ☐ Yea 2 ☑ No Specify: Specify: White ğ 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Education 12 Teacher Religious Order permit. Pages 1 and 2 should be filed Department of Health and Mantal Hygi Important: If Item 27 is marked other any Injury or other traumatic avant. 17. Father'a Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumame) Be Joseph Collins Catherine Traynor 0 19a. informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1531 Greenspring Valley Rd., Stevenson, Md. 21153 Sister Marie Kelly 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 □ Cremetion 3 □ Removal from State 08/20/96EllicottCity,Md. 4 Donetion 5 DOther (Specify) Ilchester Cemetery 22. Name and Address of Fecility Ruck/Towson Funeral Home, Inc. 21. Signature of Funerel Service Licensee 1050 York Rd., Towson, Maryland 21204 cums august 23a. Part. The the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock or heart feilure. List only one cause on each line. Approximate Intervel Between Onset and Death Physician /Medical mediate Cause (Final CARDIOGENIC SHOCK disease or condition resulting in death) Examiner Due to (or es a consequenca of): ACUTE MYOCARDIAL INFARCTION and Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Gause (Disease or injury Due to (or es e consequence of): Box 68760. 2 Physician/Medical 2 Due to (or es e consequenca of): ä attending ğ Records, P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 2 23b. Did tobacco use contribute to the cause of death? signed by 1 Yss 2 No 3 Probably 4 Unknown ğ The law requires 24e. Wes an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? Completed peep ž page 2 1 ☐ Yes 2 No cartificate 1 ☐ Yes 3€ No Division of Vital 25. Was case referred to medical Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 10 T Yes 2X No 1 XInpatient 2 ER/Outpetient 3 DOA this 28a. Dete of Injury (Month, Dey Year) 27. Menner of Death Certification: 28b. Time of 28c. injury at Work? 28d. Describe how injury occurred Athor Attending 5 Pending Investigation 1 X Neturel death. 1 ☐ Yes 2 ☐ No 2 Accident Director: 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) E 칕 4 Homicide hours Funeral

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State Registrar

Medical

29a. Certifier (Check only one)

29b. Signature and title of certifier

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

M.D. 7620 YORK ROAD, TOWSON, MARYLAND ALICE HSIEH, 21204 32 Politican Strain G"1996

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and pleca, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end plece, end due to the cause(s) end menner steted.

29c. License number

H43974

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

21.1.26

10000		Decedent's Neme (First, Middle, Last)		Cert	fificate of	Death	2. Dete of Dee	Reg. No.	_	3. Time of Deeth
Physici /Medi		HENDERSON	DAVIS	3			Month August	Dey	Yeer 1996	1:47 A.M
/Medii Examir		4e. Fecility Neme (If not institution, give street en			4	tb. City, Town, or Lo	cation of Death		_	
	ш	2224 Cecil Avenue			Williams & Venn	Baltimor		N/		
Funeral Director		5. Sociel Security Number 6. Sex 1 M 2	7. Age (In yrs. le 90	Yrs.	If Under 1 Year Months Days	Hours Min.	8. Dete of Birth Month, Day APR 8	, 1906		olece (State or Foreign otry) Carolina
yland how		10a. Stete 10b. County	10c. City,	Town or Loca	ation				1	0d. Insida City Limits
8a-f s	ector	Maryland N/A	Bal	Ltimore						1X Yes 2 □ No
a or 2	Dire	10e. Street end Number 2224 Cecil Avenue			10f. Zip Code 21218			10g. Citizen of		
ms 23	nera	11. Maritel Stetus 12. Wes	Decedent Ever In U,S	. 13. W		ispenic Origin? (Spe in, Mexican, Puerto		United 1	e - Americ	an Indien,
filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or Rems 23s or 28s-f show ent, the Medical Examiner must be notified at	by Funeral Director	1 Never Merried 2 Married 1 1 Yes	d Forces? /es 2 ☑ No s, Give or Dates:		Yes, specify Cuba	Specify:	Rican, etc.)	Specif	ck, White, ^{V:} Bla	
72 ho	eted	15. Decedent's Education (Specify only highest grede comple	ted)	16e. Decede	nt's Usuel Occup	ation during most of worki	na	16b. Kind of B	usinass/Ind	dustry
within iene. than	Completed		ge (1-4or 5+)		o <i>not</i> use retired borer	during most of work! f)		V	ariou	s trades
al Hyg other vent,	Be C	17. Fether's Neme (First, Middle, Last)				18. Mother's Neme	(First, Middle,	Maiden Sumen	10)	
2 should be filed withing and Mental Hygiene. Is marked other than aumatic event, the Mental to the	To	Wiley Davis				Betti				
1 end 2 sh Haaith and em 27 is π other trauπ		19a. Informent's Neme/Relationship (Type, Print) Emma Davis		19b. Mailing 2224	Cecil	Avenue,	Baltimo	r. City or Town, ore, Mar	State, Zip	d 21218
permit. Pagas 1 and 2 should be filed within 72 ho Department of Haalih and Mental Hyglene. Important: if item 27 is marked other than "natur eny injury or other traumatic event, in a Manica. once.		20e. Method of Disposition 1 ☑ Muriel 2 ☐ Cremetion 3 ☐ Removel for 4 ☐ Donetion 5 ☐ Other (Specify)	rom Stata 20b. Pla	ce of Disposit netery, creme 1t VO	tion (Name of story or other place shell M	e) Memorial 8	Dete	20c. Location -		
permit. Pagas 1 Department of F Important: If ite eny injury or ot once.		21. Signeture of Eunerel Service Licensae		22.1	Neme end Addres				.,	. J tana
20 = 0		23a. Part1. Enter the diseese, or complications the shock, or heart feilure. List only one ceuse		11	01 E. No	orth Avenu			MD 2	1202
ertificate be executed the physician and as the burishment	Medical Examiner	Sequentielly list conditions, if eny, laeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events rasulting in deeth) Last	Due to (or e	es a consaque	ence of):					
e death ce the attendo	Physician/N	Pert II. Other significant conditions contributing t	to death but not rasult	ing in the und	erlylng causa give	en in Pert I.	23b. Did to	obacco use co	ntribute to	the cause of death?
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aw requires as been sign 2 should be	Completed b	Peoter	id mitol	ng flx6	ane		24e. Wes e	en eutopey med?	COL	ere eutopsy findings allebla prior to mpletion of cause deeth?
The lay ate has page 2	Com						1 🗆 Y	es 2 No	10	Yes 2□No
of the state of th	B	25. Wes case referred to medical axeminer?				26. Place of Deeth	(Check only or	ne)		
	12			R/Outpetient 8b. Time of	3□ DOA Othe	4 Li Nursing Flor	ne 5 Reside			/)
Attending or death. octor: Altar by the fane	ation		Month, Dey Year)	Injury	28c. Injury Work M 1□`	res 2 □ No	ed. Describe III	ow injury occur	180	
at or Atte s after de if Directo id in by th	Certification:		lece of Injury - At hom uilding, etc. (Spacify)	e, ferm, stree	t, fectory, office	2	28f. Location (S. City or Town		er or Rura	/ Route Number,
	edical	29a. Certifiar (Check only one)	tha best of my knowle be basis of examination	edga, daath o n and/or inves	ccurred at the tim stigetion, in my op	a, date end plece, e pinion, daath occurre	and due to the co	euse(s) and ma lata end place,	annar as st and dua to	ated. tha cause(s)
within comp	Me	29b. Signeture and title of certifier	1		29c. License		2	9d. Dete signe	d (Month, i	Dey, Year)
		> 1110 W pmg	a, subquo			673				7996
11		30. Name and address of person who completed of NEAL M. FATED LANGE	Rause of deeth (Item 2	3a) (Type, Pri	AUZ PLAC	E, CUTTE	909.1	30170	mo	21202
		31. Dete filed (Month Day Year)	aurite area s agnatu	De la	1001	7,301.0		- 170-10)	

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State of Maryland / Department of Health and Mental Hygiene

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Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** AUGUST 15, 1996 FRANCES DeSANTIS 2:40 P.M. /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner TOWSON BALTIMORE MANOR CARE NURSING & REH. CENTER-RUXTON T. Age (In yrs. lest birthdey)
OO Yrs.

The description of the property of the 5. Social Security Number 6 Sex 9. Birthplece (State or Foreign **Funeral** Year) 1□ M 2XF PENNSYLVANIA Director 215-60-4178 Usuel Residence of Deceden the Maryland 10e Stete 10h County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "natural", or itema 23a or 28a-f shov traumatic event, the Medical Examinat must be notified at MARYLAND BALTIMORE TOWSON 1 Yes 2 No Director 10e. Street end Number 10f. Zlp Code 10g. Citizen of What Country? death with 1312 COLBURY ROAD APT. H 21239 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian Bleck, White, etc. filed within 72 hours after 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 1 Tyes 2 KINO Specify: 20 3K Widowed 4 □ Divorced WHITE Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed withir Department of Heath and Mentel Hygiene. Important: If Item 27 is marked other than any injury or other traumatic event, the Mentel Inforce than any injury or other traumatic event, the Mentel Inforce than In Elementery/Secondery (0-12) College (1-4or 5+) HOMEMAKER OWN HOME 5th GRADE 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Be ANGELO FECONDA JOSEPHINE 2 DiMUZZIO 19b. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informent's Neme/Reletionship (Type, Print) GENE DeSANTIS GRANDSON 1312 COLBURY ROAD APT. H TOWSON, MD 21239 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) Dete 20c. Location - City or Town, State 1 Surial 2 Cremetion 3 Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) DULANEY VALLEY MEM. GAR. 8/19/96 COCKEYSVILLE, MD 21. Signeture of Funerei Service Licensee 22. Name end Address of Fecility
JOHNSON FUNERAL HOME 10 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one cause on each line. 8521 LOCH RAVEN BLVD. TOWSON, MD 21286 Approximete Interval Between Onset end Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner the bunal-transit and Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): P.O. Box 68760. attending physician Physician/Medical Due to (or es e consequence of): 80 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? as been signed by 2 should be detect 1 Yes 2 No 3 Probably 4 ☐ Unknown Records, à 24b. Wera autopsy findings aveilable prior to completion of cause of death? Completed 24a. Was en eutopsy performed? page 2 2 No After this certificate 1 ☐ Yes Division of Vital Be 25. Wes case referred to medical 26. Plece of Death (Check only one) Other: Nursing Home 5 Residence 8 Other (Specify) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 Yes 2 No P 27. Menner of Death 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred Certification: 28c. Injury et Work? 1 ANeturel 2 Accident 5 Pending investigation death. 1 ☐ Yes 2 ☐ No Within 24 hours after death feithin 24 hours after death To the Funeral Director: 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide

Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) and manner as stated.

Madical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end piece, end due to the cause(s) end menner stated.

29d. Dete signed (Month, Dey, Year)

OSLER TON. TOWSON. MIL 21204

State Registrar

2

Medical

29e. Certifier

M.D filed (Month, Dey, Yeer) UG 1 9 1996

30. Neme and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

a destruit popular productive and

DIVISION OF VITAL RECORDS, P.O. BOX 68760 WASALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	WPORTANT: il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BO	4E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate b	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	DRTANT: If item 28 is marked, or item 23 shows any injury, or other tra

FOR 1 . STATE

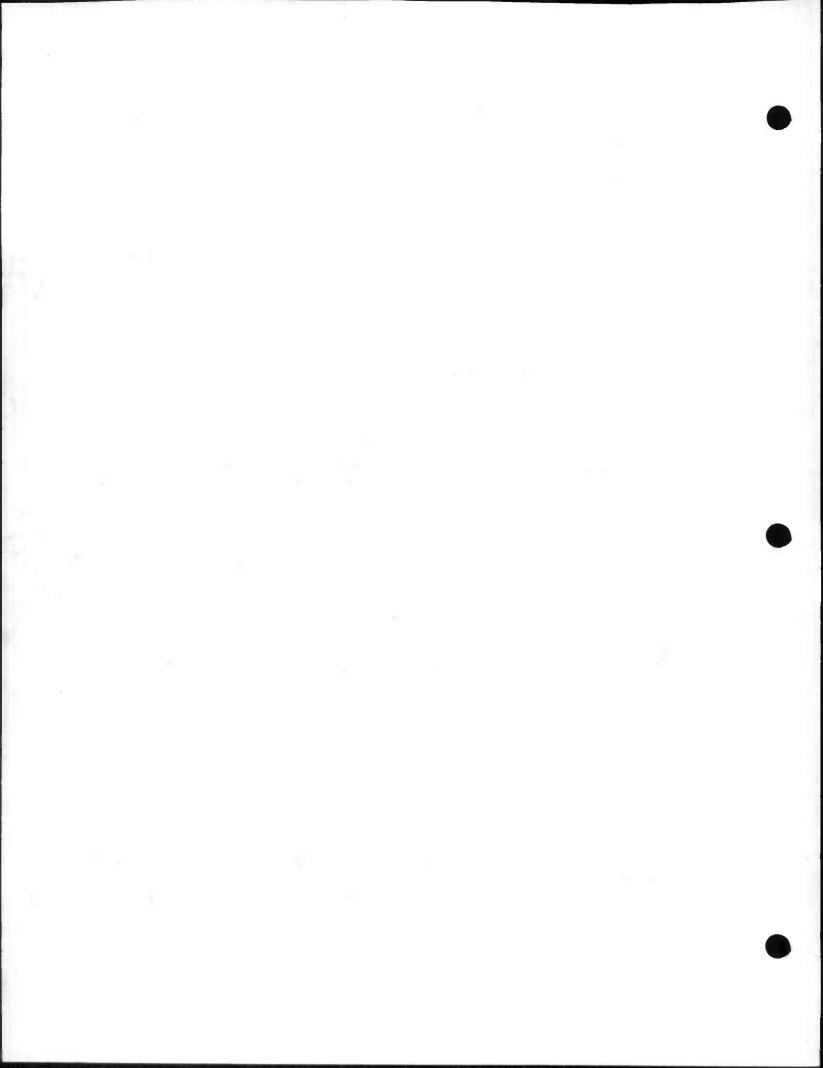
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG.	NO.					
	DECEDENT'S NAME (First, Middle, Last)	Carl Rich	ard Dost	er		2. DATE OF OEATH MONTH AUGUST	15°, 19	9 8 3.	4:50 PM m			
	4. SOCIAL SECURITY NUMBER 215→22→9874	1 🕅 M 2 □ F	(in yrs. lest birthday) 67 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	1928	a. BIRTHPLI Country) Mary				
FOR	90. FACILITY NAME (If not institution, give st 8047 Wallace ROG RESIDENCE OF DECEDENT				OR LOCATION OF DE	EATH						
DIRECTOR	100. STATE 10b. COUNTY Maryland	Baltimore	10c. CIT	Y, TOWN OR LOC		ndalk		2.0	LIMITS?			
FUNERAL	100. STREET AND NUMBER 8047 Wallace Road	d		1	DI. ZIP CODE	222	10g. CIT Un	IZEN OF WHA	T COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? XIX YES IF YES, GIVE WAR OR D	2 NO	If yes, s	CENDENT OF HISPAN pecify Cuben, Mexica S 2 X NO Specify	n, Puerto Ricen, etc.		14. RACE — Black, W Specify				
BE COMPLETED I	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16e. DECEDENT'S (Give kind of life. Do NOT u	work done during n			BUSINESS/IN	a. BIRTHPLACE (State or Foreign Country) Maryland COUNTY OF OEATH Baltimore 10d. INSIDE CITY LIMITS? 1				
MPI	12 Years		Millu	right			onstruction					
SE CO	17. FATHER'S NAME (First, Middle, Last) William C. Doste	r				ME (First, Middle, Me I. Korumma						
2	19e. INFORMANT'S NAME (Type/Print)	to 101' (a)			end Number or Rural				000			
	Mrs. Hedy R. Dos 200 METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 C Rem	20	D. PLACE AND DATE	OF DISPOSITION (lame of	DATE 200	LOCATION -	City or Town,	State			
	4 Donation 5 Other (Specify) Parrivold Cemetery 8/19/1996 Parriville, Maryland											
	the h	1-test	//_	7922	Wise Ave	. Dunda	lk, Ma	rylano	i 21222			
	23. PART I. Enter the diseases, or cahock, or heart fellure.	complications that cause in a	d the death, Do nach line.	not enter the m	ode of dying, euc	h as cardisc or n	espiratory ar	rest,	Interval Between			
	IMMEDIATE CAUSE (Final disease or condition resulting in death) e. CANCER OF PANCIPASE 10 Mod											
NO	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):											
CAT	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	с										
ERTIF	that initiated events resulting in death) LAST d.											
EDICAL CERTIFICATION	PART II. Other aignificent condition	s contributing to deeth	but not resulting	in the underlyi	ng ceuse given in	PE	S AN AUTOPSY	AV	WILABLE PRIOR TO			
						1 🗍 YE	8 2 MO	OF	DEATH?			
N.	DID TOBACCO USE CONT	RIBUTE TO CAUSE (OF DEATH Y	ES NO	UNCERTAI	N 🗆						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF DEA		"							
YSI	1 - YES 2 NO	1 Inpatient 2 ER/Out	patient 3 DOA		me 5 Hesidence	8 Other (Specify)						
	27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Year)	28b. TIN	JURY V	JURY AT YORK? YES 2 NO	28d. DESCRIBE H	OW INJURY OC	CURED				
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, ferm,	street, fectory, of	ice	281. LOCATION (St City or Town, S	rest end Numbe itete)	er or Rural Rout	e Number,			
COMPLET	one)	ICIAN: To the best of my know							nd manner es stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	MAND L	AUTONIE		29c. LICENSE NUI		01 .	TE SIGNED IM	Jonth, Day, Year)			
10	30. NAME AND ADDRESS OF PERSON WH Dr. Lawrence Boas				ville, MI)						
	31. ATE GLE (Month, Day, Year) AUG 1 9 1996	32. REMISTRAR'S SIG	Author.									

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	APORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE !	TO THE F	be filed w	IMPORT

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICATE (OF [DEATH	A	IEG. NO.			
,	1. DECEDENT'S NAME (First, Middle, Last)			,				2. DATE OF				3. TIME OF DEATN
ľ	mary	•	DEL	LS				OLUA!	is of DA	6	1096	5,15 PH
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In)	rrs. last birthday)	IF UNDER 1 Y	EAR	IF UNDER 24 HRS.	7. DATEOF		()	B. BIRTN	PLACE (State or Foreign
	214-22-6990	1 ☐ M 2 文 F	85	YRS.			HOURS MIN.	(Month, De	ly, Year)	011	Country	()
	9a. FACILITY NAME (If not institution, give str		0.5		A) 0.000 mg			Jan 2	1, 1			ryland
~	Married Control of the Control of th	4				LOCATION OF DE	ATN			NTY OF O	EATH	
Ö	Fallston General	L Hospita	1		Fal	l1st	on			Har	ford	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY				Y, TOWN OR I	COATIO					1	
E							7 N					10d. INSIDE CITY LIMITS?
0	Maryland N	/A		В	altimo							1 TYES 2 NO
¥ I	10e. STREET AND NUMBER					10t. Z	ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?
E	3566 I	Poole Str	eet				21211			U	.S.A	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U	S. ARMED			NDENT OF HISPAN			or No-	14. RACE	- American Indian, White, stc.
	1 Never Merried 2 Merried	FORCES? 1 IF YES, GIVE W	YES	SXX			otty Cuban, Maxican		n, etc.)		Speck	, White, stc.
B	3 Widowed 4 Divorced											White
	15. OECEDENT'S EDUC	ATION	-10	a. DECEDENT'S	USUAL OCCU	UPATION		16b. KIN	O OF BUS	INESS/IN		
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) 9 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Homemaker Own Home 17. FATNER'S NAME (First, Middle, Last) 18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Homemaker Thomas C. Puncacili								1000				
4	9		´		Homen	nake	r	0	wn Ho	ome		05 11
8	17. FATNER'S NAME (First, Middle, Last)						18. MOTNER'S NAI					
		nomas Rus	sell				Lillia					
BE	19a, INFORMANT'S NAME (Type/Print)									1000		
2	1 " ")					d Number or Rural F					01011
	Loretta Morgan (I	Jaughter)					reet, B	1				
	20s. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Ramo	oval trom State		LACE AND DATE			na of	DATE			City or To	
	4 Donation 5 Other (Specify)		Ga	ry, crematory or o					Ba:	ltim	ore,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	0		22. NA	ME AND	n Seitz	CILITY	E	wo 1 1	IToma	
	I allan	10.t.	11.									(1 01011
	70. Johann	yun.	yn_				oland A					
	23. PART I. Enter the diseases, or c shock, or heart fallure. I	List only one cau	se on eec	h line.	not enter th	e mode	e ot dying, suci	n as cardiac	or reapli	ratory ar	rest,	Approximata Interval Between
	IMMEDIATE CAUSE (Finel	0										Onset and Death
	e. Pulmonary EDENA ONTYS											
	Sequentially list conditions CHUNIC ISCHEMIC HEAVY DISEASE 7YEARS											
z	X 30 00 00 00	. Citho	NIC	159ta	THIC	H	TEAM	- 175	SEA	4SE		1 4 PM
은	env. leading to immediate											
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	HYP	ON	MU	uca							HUNUS
E	that initiated events	DUÉ TO	OR AS A C	ONSEQUENCE A	F):							nuines
CERTIFICATION	resulting in death) LAST	CATY	DIAC	H	My 1	7/2	MIA					176115
	DART & Color of self-self-self-self-self-self-self-self-				(-	
EDICAL	PART 1. Other significent condition	s contributing to	deeth but	not resulting	in the unde	orlying	csuse given in	Part I. 24			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
8	1514PHON	~ VP	ru	SIN	170	CH)C] 1	YES 2	XNO		OF DEATH?
E I	·											1 - YES 2 NO
-	DID TOBACCO USE CONTE	RIBUTE TO CA	USE OF	DEATH YI	S N	0 🗆	UNCERTAIL	V 🗆				/\
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL		26	PLACE OF DEA	TN (Check only	ly one)						
Sic	EXAMINER?	HOSPITAL:	ER/Outpati	ent 3 🗆 DOA	OTHER:	a Name	5 🗆 Residence	6 C Other (S	nanifu)			
¥	27. MANNER OF DEATN	28a. DATE OF		28b. TIN		Bc. INJUI		28d. DESCRI		NJURY OC	CCURED	
	1 Naturel 5 Pending	(Month, D			JURY	WOR	IK? ES 2 NO					
В	2 Accident Investigation	28 - BLACE O	E IM ILIBY	At home, term,					201 (0)	and Advantage		Donate African have
	3 Suicide 8 Could not be 4 Nomicide datarmined	building,	etc. (Specify)	street, tectory	y, ornea		28t. LOCATIO	own, State)	ana Numbe	er or Hurai F	toute Number,
COMPLETED												
4		CIAN: To the best of	my knowled	ige, death occurr	ed at the time	a, date a	and place, and due	to the cause(s) end man	nner es st	nted.	
0	070) 2 MEDICAL EXAMINE	R: On the basis of a	amination a	nd/or investigation	on, in my opir	nion, des	ath occured at the	time, data and	d place, an	d due to t	the cause(s) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	1					29c. LICENSE NUI	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
BE	Jon in	A		D.C) _	1	H444C	. 3		D 9	1/17	196
2	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CALL	E OF DEAT	H (DEM 27) (F-	Print)	1,		-			, (110
	A 1/ 100 A	~ IC	1. C	Q D	A	70.7	CTN	-	BEZ	1	n	MD 21014
	-AY IVI LA	779	<i>ω</i> ->	OP	MA	(N)	31100	١ ١	ベレ	1771	٠, ٠,	1.17 -101
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	H'S SIGNAT	JON-Rand	.00							
	AUG 1 9 1996	C CANO	unand	con-Nava	006							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 24430 Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Death 3. Time of Death 5:34am 96 *august* 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Daltimore Hospita. N/A 100 emoria If Under 1 Year 5. Social Security Number 6. Sex 7. Age (In yrst lest birthday) 8. Date of Birth (Month, Dev. Yeer) Birthplece (State or Foreign Country) Deys Months Hours 1□M 2\ F 81 Yrs 082-07-4111 Jan. 27, 1915 New Jersey Usual Residenca of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Md. Baltimore Perry Hall 1 ☐ Yes 2 ☑ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1 Perdale Ct. 21236 USA Wes Decedent Ever In U.S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritel Status 14. Rece - American Indian, Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No If Yes, Give Year or Dates: 1 ☐ Yes 2 No Specify Specify: White 3X Widowed 4 ☐ Divorced 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Housewife Home 12 yrs. 2 yrs. 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Frank Rafter Rose Daniher 19a. informent's Neme/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 1 Perdale Ct. Perry Hall Md. 21236 Thomas F. Davis son 20b. Placa of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State ND Burlal 2 ☐ Cremation 3 ☐Removel from State St. Vincent 8-21 New Jersev ther (Spec 22. Neme end Address of Fecility Connelly Funeral Home Of Dundalk 7110 Sollers Point Rd. 21222 Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death Immediate Ceuse (Final diseese or condition resulting in death) Due to (or as a consequence of): Due to (or es a consequença of): Due to (or es a consequenca of): 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown artery disease 24b. Were autopsy findings eveilable prior to completion of cause of death? 24e. Was en autopsy performed? 1 Yes 2 No 1 Yes 200No

Physician /Medical **Examiner**

physician end s the buriel-trans

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been signed by the should be detached

page 2 certificate

s effer death.

I Director: After this led in by the funeral di

filled To the Hospital within 24 hours of To the Funeral Completely filled Hospital

shis

Be

2

Certification:

Medical

The law requires that the death certificete be executed

P.O. Box 68760,

Records,

Division of Vital or Attending Physician: **Physician**

/Medical

Examiner

Director

Funeral

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Completed

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Funeral

Director

7 is marked other than "natural", or items 23a or 28a-f show traumatic event, it a Modical Examinar must be notified at

should be filed within 72 hours efter ind Mental Hygiene.

pemit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If them 27 is marked othe any Injury or other traumatic event

Baltimore, Maryland 21215-0020

the Maryland

deeth

Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest Physician/Medical Completed by

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

Cerebrovascular accident

25. Was case referred to medical examiner? Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA 1 Yes 2 No 27. Menner of Deeth

5 Pending Investigation 1 Naturel 2 Accident 3 ☐ Suicide 4 \(\text{Homleide} \)

6 Could not be determined

28a. Dete of Injury (Month, Dey Year) 28b. Time of 28e. Placa of Injury - At home, farm, street, fectory, office building, etc. (Specify)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury et Work? 1 ☐ Yes 2 ☐ No

26. Piece of Death (Check only one)

28d. Describe how Injury occurred 28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

29a. Certifier (Check only one) 29b. Signature and title of certifier

Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and piece, end due to the cause(s) and menner es stated.

Under the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date and pieca, and due to the cause(s) end manner stated. 29c. License number

29d. Date signed (Month, Dey, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Sherri 29 Lewis-stevensor

31. Dete filed (Month, Dey, Yeer)

9 1996

S. Paca St Baltimore MD 21201 32 Registrar's Signeture

State Registrar

regular adjudica di deservica

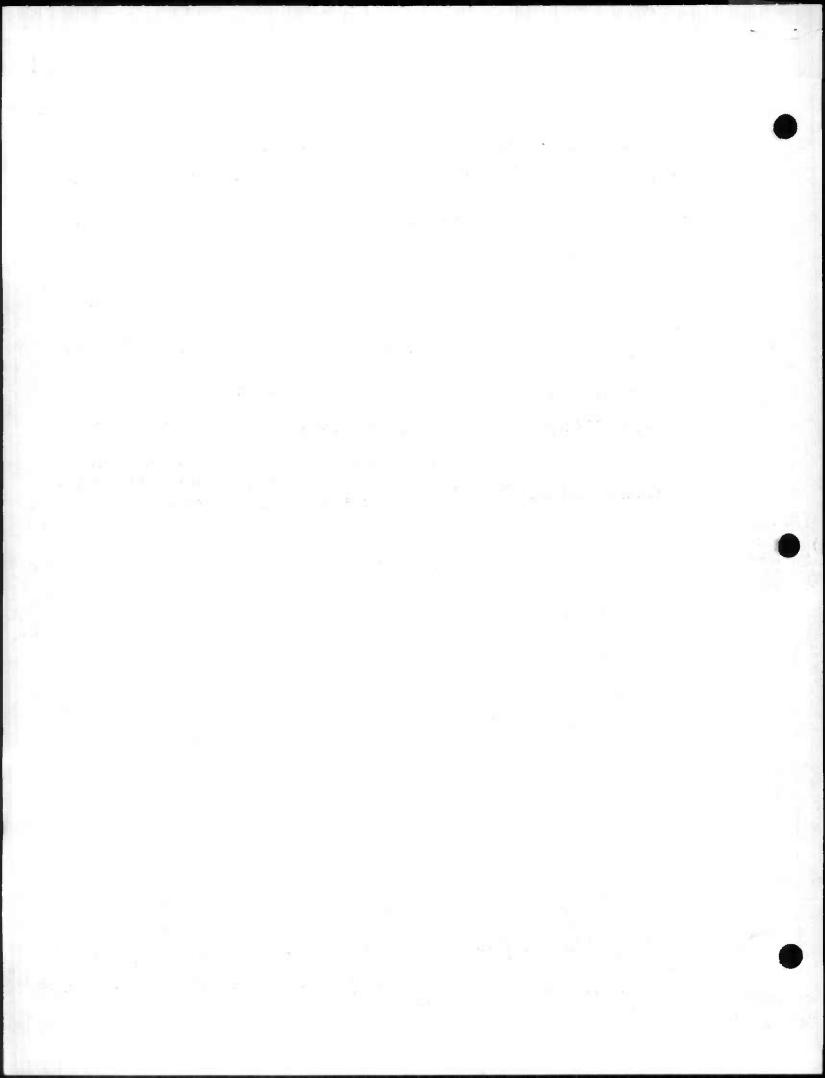
State of Maryland / Department of Health and Mental Hygiene Q 6

96 2443

					Cer	tificate	of i	Death		Reg. No.	70	24401			
	Physic /Medi		1. Decedent's Neme (First, Middle, Last) Doris Irene	Edelin					2. Dete of De Month	Dey	Yeer	3. Time of Death			
	Exami		4e. Facility Neme (If not Institution, give s	treet and number)			4	b. City, Town, or l			-				
			Union Memorial Ho	spital				Baltimore	9		N/A				
	Funeral Director		5. Sociel Security Number 6. Sex 220-05-3527	7. Age (In yrs. I	last birthday) Yrs.	if Under 1 Y Months D	eys	ff Under 24 Hrs. Hours Min.	8. Dete of Bir (Month, Da	th ly, Year) 30, 1919		npiece (State or Foreign intry) Vland			
	p ,		Usuel Residence of Decedent												
	e Maryla 8a-f shov	ctor	Maryland N/A	· · · · · · · · · · · · · · · · · · ·	timore							10d. Inside City Limits 1 X Yes 2 ☐ No			
	th with th	by Funeral Director	10e. Street end Number 6116 Belair Road					-	Citizen of Whet Country?						
020	permit. Pages 1 and 2 should be filled within 72 hours after death with the Maryland Department of Health and Mental Hygiena. Department of Health and Mental Hygiena in metred other than "naturel", or itama 23a or 28a-f show any injury or other traumatic event, The Medical Examiner must be notified at once.		11. Maritel Stetus 1 □ Never Merrled 2 □ Married 3 ☒ Widowed 4 □ Divorcad	2. Wes Decedent Ever in U, Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes:	lf lf	Ves Decedent Yes, specify	Cuba	ispenic Origin? (Sp in, Mexican, Puerto Specify:	pecify Yes or No Rican, etc.)		ck, White	ican indien, , etc.			
Maryland 21215-0020	hin 72 ho I. In "natur Medical	Completed	15. Decedent's Educi (Specify only highest grade Elementery/Secondery (0-12)	ation completed) College (1-4or 5+)	16a. Decad (Give I life. D	ent's Usuel Okind of work do	ccupi lone d etired	etion during most of world	king	16b. Kind of B	usiness/li	ndustry			
2	d wit	NO.	12	College (1401 54)	Credi	t Mana	gei	r		Depart	ment	Store			
pu	al Hy I oth	Be (17. Fether's Neme (First, Middle, Last)					18. Mother's Nem	e (First, Middle,	Maiden Suman	ne)				
Va	Ment Ment arks	L _O	Albert J. Thomas					Clara	Seay						
Jar	2 sh and is m		19a. Informent's Neme/Reletionship (Typ		19b. Meilln	g Address (St	treet i	and Number or Ru	ral Route Numb	er, City or Town,	State, Zi	p Code)			
	and ealth n 27		Charles Edelin/S		2602			e Road E	Baltimor	e, Mary	land	21234			
Baltimore,	Pages 1 nent of H int: if Ital		20e. Method of Disposition 1 Buriei 2 □ Cremation 3 □ Re 4 □ Donetion 5 □ Other (Specify)	movel from State	wood C	sition (Name of atory or other emetery	of r plac		Dete 5/20/96	Baltimor					
Balt	permit. Departimportu		21. Signature of Funerel Service Licansee	Brian A. Willen	n ²² .	Name end A		s of Fecility Lec		luck Funer		me, Inc.			
	Physician		23e. Pert1. Enter the diseese, or complic shock, or heart failure. List only one	ations that caused the deeth ceuse on each line.							1	Approximate fntervei Between Onset end Deeth			
	/Medical Examiner		immediate Ceuse (Finel disease or condition resulting in deeth) e.	Septic Due to (or	Shoc	K					-	6 hours			
9	precuted n and al-transit	Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury c.	REIGHT F		cella	10	तंड		- 2		3 days			
68760,	ertificate be axecuted ding physician and sa as the bunal-transit	edicai	edicai	edicai	edicai	edicai	resulting in deeth) Lest Due to (or es e consequence of):								2 day
Box	aath cert attending	clan/M	d.	Preum								Sdays			
s, P.O.	The law requires that the death certificate be assecuted tte has been signed by the attending physician and page 2 should be detached for usa as the burial-transit	Phy	y Physic	y Physic	by Physic	Pert II. Other eignificant conditions contr	1.						tobacco uee co Yee 2□ No		o the cause of death? obably 4 Dunknown
Vital Records,	aw requira: is been sig 2 should b	Completed b	Dinbetes;	Acute	Ren	me al F	B	ilyne	24e. Wes perfo	en autopsy rmed?	ev CC	Vere autopsy findings valleble prior to ompletion of cause deeth?			
al Re			Metaboli	c Acio	251	5			101	res 2000	+	Yes 2 No			
\frac{1}{2}		o Be	25. Wes case referred to medical exeminer?	spitei:		_	Othe	26. Plece of Deel							
o	Phys r this oral di	\vdash	1 Yes 2 10 10 27. Menner of Deeth	1 Inpalient 2 LE	R/Outpatient 28b. Time of			4 LI Nursing no		denca 6 □Oth		(y)			
Division	5 5 5	Certification:	1 Neturei 5 ☐ Pending 2 ☐ Accident investigation 3 ☐ Suicide 6 ☐ Could not be	(Month, Day Year)	injury		1 🗆 ነ	res 2 □ No							
Div	구함들	Certif	4 Homicide determined	28e. Place of Injury - At hor building, etc. (Specify)					City or Tow	m, State)		al Route Number,			
	he Hospital in 24 hours the Funeral ipletely filled	edicai	29a. Certifier (Check only one) 1 Cartifying Phyelo 2 Medical Examina	tan: To the best of my know r: On the basis of exeminelic end menner steled.	ledge, deeth on end/or inve	occurred et the estigetion, in n	ne tim ny op	e, date end pieca, inion, deeth occur	end due to the ored et the time,	ceuse(s) and ma dete and pleca,	nner as s and due t	iteted. o the cause(s)			

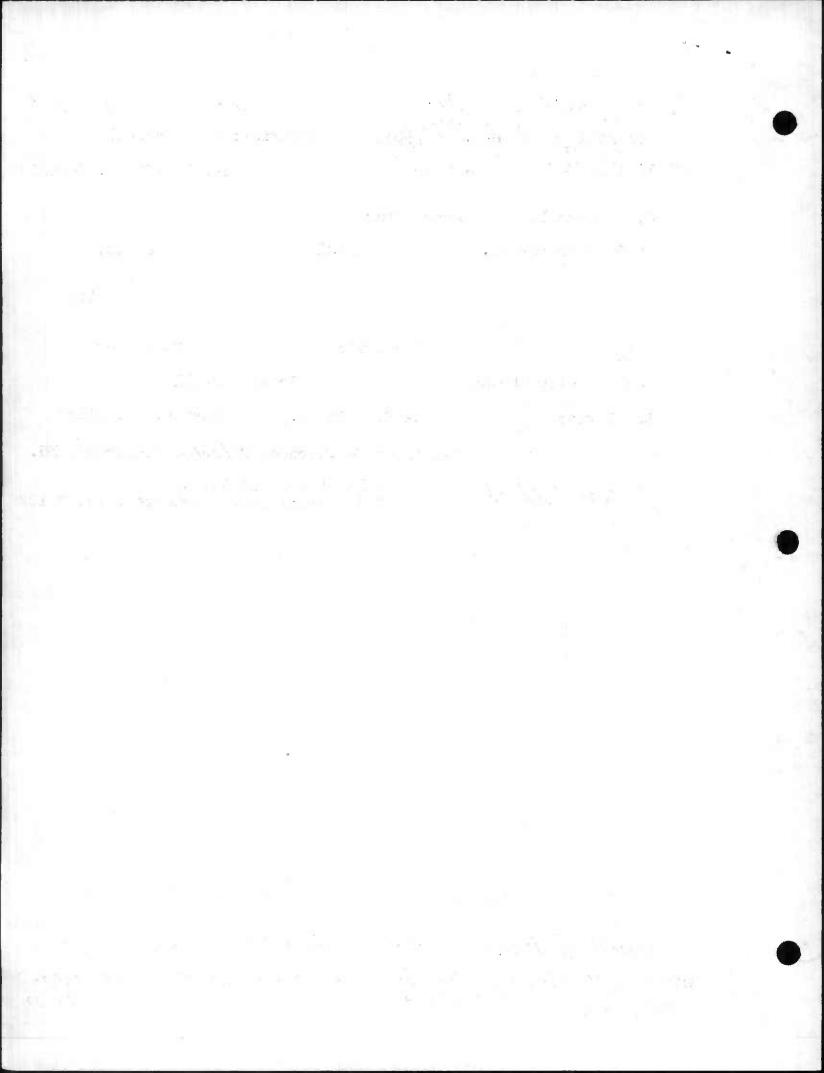
Au 417.6435A8490 Angust 17, 1996 57. Regis Rd Ballimore, MO 21206

State Registrar



				Maryland /	Certificate of	of Death		Reg. No.	96 21;432
Physic /Medi	cal	J/ I	1ARIE	GARV.	AND		2. Date of Da Month	Day	3. Time of Death
Exami	ner	4a. Facility Nama (If not institution Carroll	County Ge:		ital	4b. City, Town, or L. Westmin		4c. County Carr	
Funeral Director		5. Social Security Number 220–16–1503	6. Sex 7. /	Aga (In yrs. lest bi	rthday) If Undar 1 Ye Yrs. Months Da		8. Date of Bir Month, De NOV •	"1 ^Y 1 ^{ar} , 190	9. Birthplace (Steta or Foreign
of show	tor	Usual Residence of Decedent 10a, State 10b, Coun Md • Cal	roll	10c. City, Tow Manch	n or Location				10d. inside City Limits 1 ☐ Yas 2 ☒ No
ent of Health and Mental H It: If Item 27 Is marked out ry or other traumatic ever	Funeral Director	10e. Street and Number 3630 Wate	ertank Rd.		10f. Zip Cod 2110			10g. Citizen of V	What Country?
	by Funera	11. Marital Status 1 Never Married 2 Ma 3 Midowed 4 Divorce	Armed Forcas	1 ☐ Yas 2 ☐ No		of Hispanic Origin? (Spuban, Mexican, Puerto	Sp. 16b. Kind o		e - American Indian, ck, White, etc.
	Completed	15. Decede (Specify only high Elementery/Secondary (0-12)	est grada completed) College (1-4o	16a	Give kind of work done during most of work life. DO NOT use retired) HOUSEWIFE				omemaker
	To Be C	17. Fathar's Name (First, Middle John Wes	sley Stree	t		18. Mother's Name (First, Middle, Malden Sumern Rosey Harrell			
		19a. Informant's Name/Relation Keith Saylo		198	2 E. Mail	eet end Number or Rur n St., We	al Route Numberstmins	er, City or Town, Ster, N	Stete, Zip Code) Ad. 21157
		20a. Method of Disposition 1 Burial 2 Cremation 4 Donation 5 Other (20b. Place of cemete Everg	f Disposition (Name of ry, cremetory or other p reen Mem	Gardens	O8/20	20c. Location - /96 Fir	City or Town, State
ysician Medical aminer		21. Signature of Funeral Service 23a. Part 1. Enter the disease, shock, or haart failure. Lie Immediate Cause (Finel disease or condition	er compilications that cause on each	ed the deeth. Do line.	3296 C	dess of Eacility It Funera harmil Dr dying, such as cardiac	. Mar	ncheste	Approximate Interval Between Onsal and Death
anuner			a. / (Due to (or as a	consequenca of):				1
d ansit	miner	resulting in death)	b. CONG			FAILUR	. 2		3 weeks
nding physician and use es the buriel-transit	n/Medical Examiner	Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Diseasa or injury that initiated events resulting in death) Last	b. CONG	Due to (or as a	consequenca of):	FAILUNG		Diseas.	3 weeks E 2 years
by the ettending phy tached for use es the	Physician/Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	c.Cltnon	Due to (or as a	consequenca of): CAULAUC consequence of):	PUMOR	23b. Did		ntribute to the cause of death?
is been signed by the ettending phy. 2 should be detached for use es the	by Physician/Medical	Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Diseasa or injury that initiated events resulting in death) Last	c.Cltnon	Due to (or as a	consequenca of): CAULAUC consequence of):	PUMOR	23b. Did	tobacco use cor	ntribute to the cause of death?
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certificate has been signed by the attending phy: rector, page 2 should be detached for use as the	o Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Diseasa or injury that initiated events resulting in death) Last	d	Due to (or as a of the control of th	consequenca of): COULOUS consequence of):	givan in Part I. 26. Place of Death	23b. Did 1 24a. Was perfo	tobacco use cor Yes 2□ No an autopsy rmed?	available prior to completion of death? 1 Yes 2 No
certificate has been signed by the attending phy: rector, page 2 should be detached for use es the	Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other significant condit 25. Was case referred to fieldic examiner? 1 Yes 2 No 27. Manner of Death 1 Natural 5 Pendi	d	Due to (or as a of the control of th	consequenca of): COULOUS consequence of): In the underlying cause stpatient 3□ DOA Time of njury 28c. In njury	givan in Part I. 26. Place of Deat	23b. Did 1 24a. Was perfo	tobacco use cor Yes 2□ No an autopsy rmed?	available prior to completion of death? 24b. Were autopsy findings available prior to completion of causa of death? 1 Yes 2 No

State Registrar

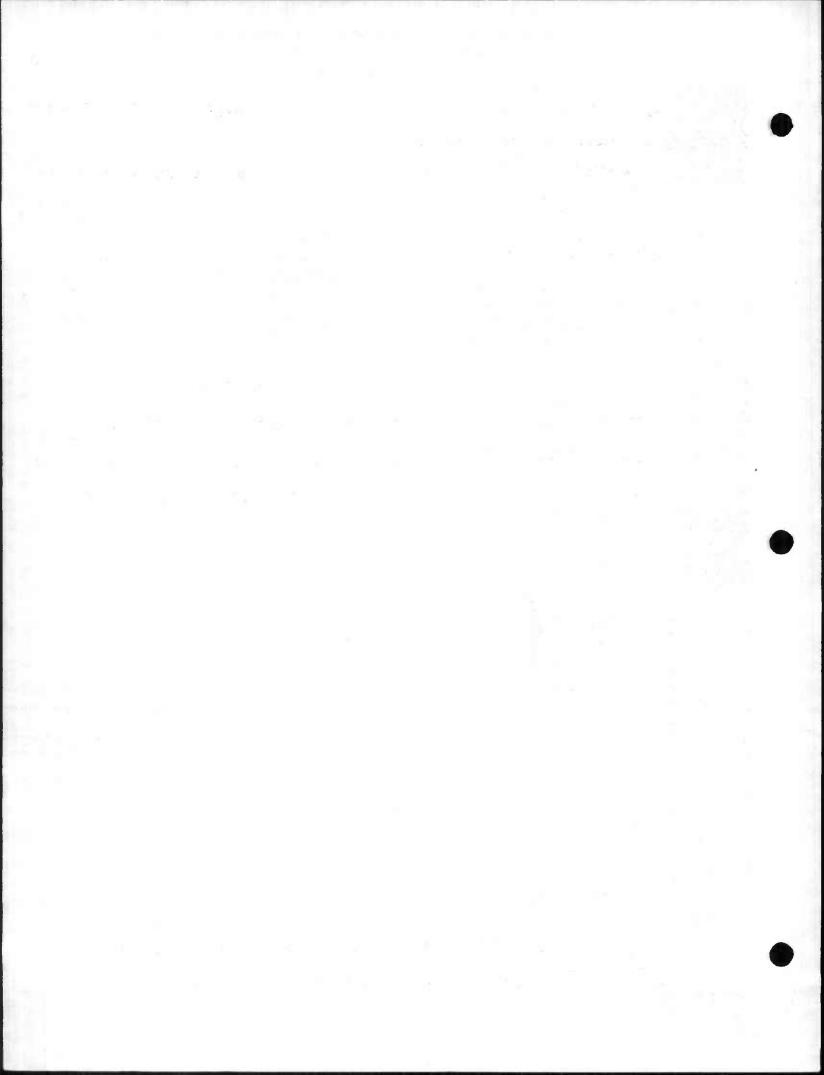


State of Maryland / Department of Health and Mental Hygiene Q 6

96 24433

				Certificate of Death		Reg. No.	0 24433			
r			Decedant's Nama (First, Middle, Last)		2. Data of De	eath	3. Time of Death			
	Physic /Medi		Blondean Hood		Month Augus	Day	996 206 AM			
	/iviedi Examii		4a. Facility Nama (If not institution, giva street and number)	4b. City, Town, or L	1		-			
	LAGITIE	ici	Sinai Hospital of Ballin	ore Baltin	DOC	Ball	rimove			
ŀ	Francis		5. Social Security Number 6. Sax 7. Aga (In yrs. las	1 140			9. Birthplaca (State or Foreign			
	Funeral Director	П	216327197 1 M 2 SF 62 Usual Rasidanca of Decedant	Months Dave House Min	8. Data of Bi (Month, Di	ay, Year) be - 21,1933	ACCOUNTING C D A D A N A			
	Bud *			Town or Location			10d. tnstde City Limits			
	aryl a	7	MD n/a	baltimore			to tises on cities the times			
	N 98 9	oct	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	() = () = ()						
	F 9 F	F	10e. Straat and Number	10f. Zip Coda		10g. Citizan of V	/hat Country?			
	23a	100	1740 NORMAL AVENUE	21213		UNITED	STATES			
	de la	Funeral Director	11. Maritai Status 12. Was Decedant Evar In U,S. Armed Forças?	 Was Decedent of Hispanic Origin? (Sp tf Yas, specify Cuban, Maxican, Puarto 	pecify Yas or No Ricen, atc.)	o- 14. Race	e - Americen Indian, k, White, atc.			
5-0020	72 hours after death with the Maryland "natural", or flams 23a or 28a-f show idical Examiner must be notified at	by	XÃ Navar Married 2 ☐ Married 1 ☐ Yas XÃ No If Yas, Givã Yaar or Datas:	1 ☐ Yas 2 [Ž. No Specify:	, , , , , , ,		Specify: BLACK			
15-0	30	Completed	15. Decedent's Education (Spacify only highast grada complated)	16a. Decedant's Usuai Occupation (Giva kind of work dona during most of work lifa. DO NOT usa retired)	king	16b. Kind of Bu	sinass/Industry			
2121	ges 1 and 2 should be filed within it of Haalth and Mental Hygiena. If itsm 27 is marked other than " or other traumatic event, the Me	E	Elemantary/Secondary (0-12) Coltege (1-4or 5+)	HOUSEKEEPING		HOTE				
B	Hygid ther	ŏ	7 th = 17. Fathar's Nama (First, Middla, Last)		a (First Middle	, Meiden Sumem				
ä	S d al	Be	101111 11000				9)			
Ž	2 should be and Mental is marked o	P		ISABE		AIGE				
Maryland	2 sh and la m		19a. Informant's Name/Ralationship (Type, Print)	19b. Mailing Addrass (Street and Number or Ru.		-				
	1 and Haalth sm 27		THERESA COLLICK		, BALTII	MORE, MD	21213			
S.C	T T T T T T T T T T T T T T T T T T T		20a. Mathod of Disposition 1 Abunai 2 Cramation 3 Ramoval from State	ce of Disposition (Nama of natary, crematory or other place)	Data	20c. Location -	City or Town, Stata			
Baltimore,	Pages nent of mt: If h		4 Donetion 5 Other (Specify)	ZION CEMETERY	3-21	LANSD	OWNE, MARYLAND			
3	permit. Pages 1 a Department of Has Important: If Itsm any Injury or othe once.		21. Signature of Funarai Sarvice Licensee	22. Nama and Addrass of Facility		EMISE	OTTICE THE PROPERTY OF			
m	Departing number important in any in		Bemad D Somon	WM. C. MARCHFH1			AVENUE			
			23a. Part 1. Entar tha disaasa, or con plications that caused tha daath. shock, or haart faitura. List only ona causa on each lina.	Do not anter tha moda of dying, such as cardiac	or rasptratory a	rrest,	Approximata Interval Between			
	Physician						Onset and Death			
-2	/Medical		tmmediata Cause (Finat disease or condition	heart disease			2 4406			
	Examiner		Tasulang in death)	is a consequence of):			O YEars			
		Je.	1001				64			
	De une	Examiner	b. Respira	is a consequence of):			Tween			
-,	axec n an	Еха	Sequantialty list conditions, if any, leeding to immediate causa. Enter Underlying Cause (Disease or injury thet initiated events Due to (or as a consequence of): Due to (or as a consequence of):							
260	icate be axecuted physician and s the burial-transit	ie	Cause (Disease or injury that initiated events				1 Wecks			
68760,	law requires that the death certificate be axecuted as been signed by the attending physician and 2 should be detached for use as the burial-transit	Medical	rasulting in death) Last Dua to (or a	s a consequence of):						
×	ding ph		d. ventrice	sign tachycardia			4 weeks			
Box	that the death cer ed by the attendir detached for use	Physician/								
	e de	/sic	Part ti. Other significant conditions contributing to death but not result	ng in the underlying cause given in Part t.	23b. Did	tobacco use cor	tribute to the cause of death?			
P.0	d by etac	Ph	D: abetes		1 🗵	Yes 2□ No	3 ☐ Probably 4 ☐ Unknown			
	the de de	by	Didoered							
Records,	w requires that been signed to should be detailed	Completed				en autopsy ormed?	24b. Ware autopsy findings available prior to			
Š	aw re ls be 2 sh	ple					completion of cause of death?			
E	The la ata ha page	Ho			10	Yas 22-No	1 ☐ Yas 2 BNo			
a	sician: The lay certificate has rector, page 2		25. Wes casa rafarred to medicai	Of Place of Day			TIJ Tao Zjestvo			
Division of Vital	Physician: rthis certific rral director,	o Be	axamher?	26. Place of Dee			- (2)			
of	Phys ral d	To I		Voutpatient 3 DOA 4 Nursing Ho		Idance 6 Othe how injury occurr				
S	After fund	Certification:	1 All Natural 5 □ Panding (Month, Day Year)	8b. Tima of linjury at Work? M 1 Yas 2 No	200. 2 0001120	now mysty occasi				
2	Attending or death.	cal	2 Accident invastigation 3 Suicide 6 Could not be		20f Location	Street and Numb	as as Rumi Pauta Alumbas			
Σ	or Al	는	detarmined 28a. Place of tnjury - At hom building, atc. (Specify)	a, ferm, straat, fectory, office		wn, Stata)	er or Rural Route Number,			
	led led									
	To the Hospital or Attending Physician: The is within 24 hours after death. To the Funeral Director: After this certificate has completely filled in by the funeral director, page	edical	29a. Cartifiar (Check only 2 Medicat Examinar: On the basis of axaminatio	edga, daath occurred at tha time, date and plece, n and/or invastigation, In my opinion, death occur	and due to the red at tha tima,	cause(s) end me data and piaca, a	nner as stated. and due to tha cause(s)			
	the plan	Med	one) and mannar stated.	1-20 11						
	5 × 5 0	Σ	29b. Signatura and titla of certifier	29c. License number		∠su. Data signed	(Month, Day, Year)			
			Jummy Edmond M.D	AS 2402321-	JE -9416	August	17,1996			
			30. Name and address of person who completed cause of death (Item 2							
1			2401 W. Belvedere Aver	rue Ballimore MD	212	15				
	Sta	ite	31. Data filed (Month. Dev. Year) 32. Registrer's Signatur							
	Regist		31. Data filed (Month, Dey, Year) 32. Registrer's Signature of August 19 1996							

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

24434 Certificate of Death 1. Decedent's Name (First, Middle, Last, 2. Date of Deeth **Physician** Month Joe1 L. Ho1man August 13, 1996 /Medicai 4e. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner 3206 Auchentoroly Terrace Baltimore If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** XXM 2□F Director Yrs. 43 213-64-7497 Feb. 27 1953 Maryland Usual Residence of Decedent the Maryland 10a State 10b. Counts 10c. City, Town or Location ns 23a or 28a-f show 10d. Inside City Limits Director 1 ¥ Yes 2 □ No n/a **Baltimore** 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? death with 3206 Auchentoroly Terrace Funeral 21217 IISA Herrs 2 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ∑ No If Yes, Give Year or Dates: Was Decadent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Reca - American Indian, Black, White, etc. r than "natural", or item the Medical Examiner permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiena. Important: If Item 27 is marked other than "natural", or Nes eny Injury or other traumatic event, the Medical Exammen 1 Never Married 2 Married 21215-0020 1 ☐ Yes 2 No Specify: Completed by Specify 3 Widowed 4 Divorcad Black 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Cosmotologist Dett Set Salon altimore, Maryland 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Be Joel P. Holman Lois Staples 19e. Informant's Name/Relationship (Type, Print) mother 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Lois Holman 2713 Liberty Heights Ave. Baltimore, MD 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Buriel 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Metro Crematory Aug 16 | Catonsville, MD 22. Name and Address of Facility Nutter Funeral Homes, Inc 21. Signature of Funeral Service Licensee Nutter Fundament States Approximate Interval Between Physician Onset and Death /Medical Immediate Ceuse (Finel disease or condition resulting in death) Examiner Due to (or es a consequença of): The law requires that the death certificate be axecuted Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last and Due to (or as e consequence of): Box 68760, physician Physician/Medical the Due to (or as a consequenca of) P.O. Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? eup. signed by 1 Yee 2 No 3 Probably 4 Unknown TROKE Records, Ş 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy performed? TURERCULOSIS completion of cause of death? certificate has RENAL FAILURE 1 Yes 2 No 1 Yes 2 No Division of Vital Physicien: 25. Was case referred to medical exeminer? Be 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Presidence 8 Other (Specify) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 2 1 Yes 2 No this by the funeral 27. Manner of Death 28a. Date of injury (Month, Day Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred After or Attending 5 Pending investigation 1 Natural death. 1 Yes 2 No 2 Accident To the Hospital or Attend within 24 hours after death To the Funeral Director. 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide 1 Certifying Phyelcian: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end menner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, deeth occurred at the time, date end place, end due to the ceuse(s) and menner stated. 29a. Certifier Medical (Check only one) 29b. Signature and title of cartifier 29c. License number 29d. Date signed (Month, Day, Year) Quent MD. D38652 30. Name end address of person who completed cause of death (Item 23a) (Type, Print) 21205 FREDERICK L. BRANCATI, MD 2024 E. MONUMENT ST BALTIMORE MO Julia Davisson-Randelle 31. Date filed (Month, Day, Year) AUG 1 9 1996 Registrar

The state of the s

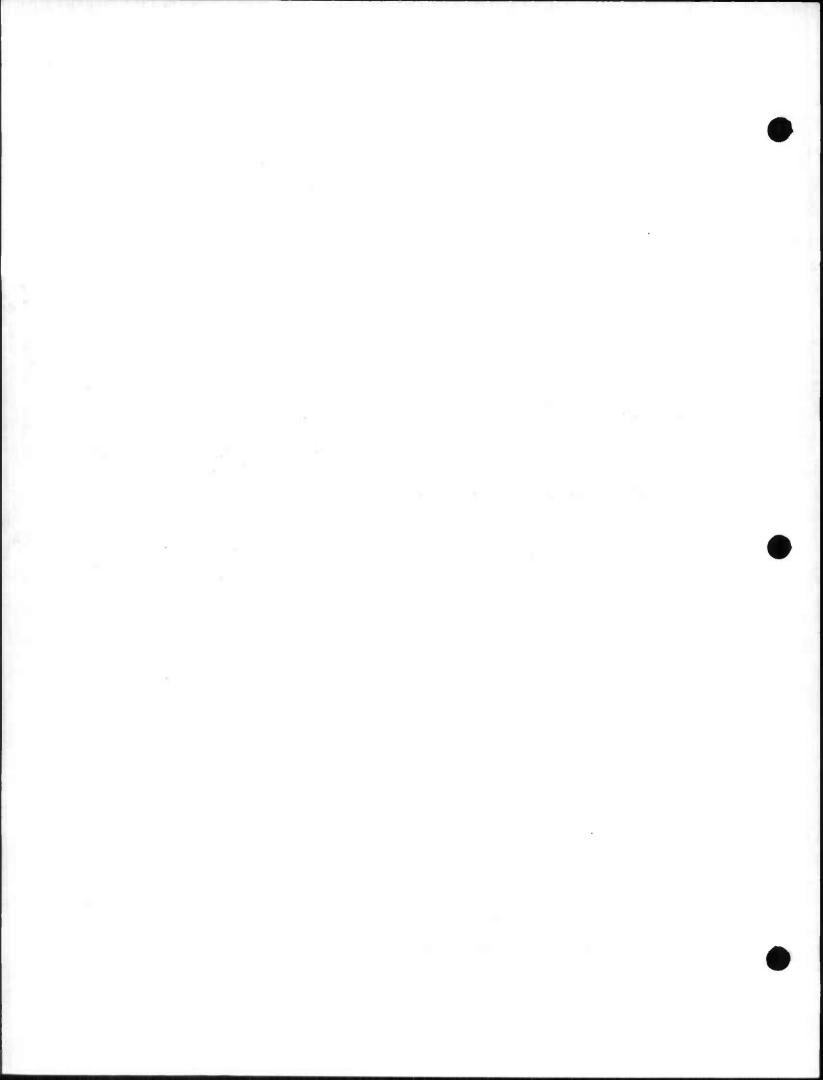
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attends	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as it	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TAL OR ATTEND	VAL DIRECTOR: /	72 hours after of	If item 28 Is
TO THE HOSPI	TO THE FUNEF	be filed within	IMPORTANT:

31. DATE FILED (Month, Day, Year)
AUG 1 9 1996

FOR		STATE OF N	MARYLAND /	DEPAR	RTMENT OF I	IEALTH /	AND	MENTAL HYGIENE		0	24435
1 - STATE REGISTRA					ICATE OF			REG. NO.			
	NAME (First, Middle, Last)							2. DATE OF DEATH	,	YEAR	3. TIME OF DEATH
Berth		Harri s.sex						HU90 \$1 1	7,1	196	1 4 P N
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. last		IF UNDER 1 YEAR	IF UNDER 2	HOURS MIN. 7. DATE OF BIRTH			S. BIRTI Count	HPLACE (State or Foreign
217-24		1 M 2 F	66	YRS.				Jan 2, 193	30	Mary	/land
	ME (If not institution, give	street and number)			9b. CITY, TOWN	OR LOCATION	N OF O	EATH	9c. COU	INTY OF C	DEATH
3220 D	Oycron Cou	rt			Balt	imore				n/a	
	10a. STATE 10b. COUNTY					TION					10d. INSIDE CITY
MD					y, town on Loca 1timore	IION					LIMITS?
	MD n/a										1XXYES 2 NO
					10	f. ZIP COOE			10g. CI1		WHAT COUNTRY?
3220	3220 Doycron Court					212				US	
	11. MARITAL STATUS 1 Never Married 2 Married 3 Midowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ABI FORCES? 1 YES 2 M IF YES, GIVE WAR OR DATES				II yea, s	CENDENT OF Secify Cuban, 2.4 NO	, Mexico	NIC ORIGIN? (Specify Yea en, Puerto Ricen, etc.) y:	or No—	14. RAC Blec Spec	E — American Indian, kk, White, etc. Sity: Black
	15. DECEDENT'S EDU	JCATION	16a. DE6	CEDENT'S	USUAL OCCUPATE	ON		16b. KIND OF BUS	INESS/IN	DUSTRY	DIGCK
Flamenta - //	(Specify only highest grade completed) (Ghille: Elementary/Secondary (0-12) College (1-4 or 5+)				work done during m se retired.)	ost of working	,				
Elementary/S	College (1-4 or 5+)				urse			Univ. of	f Ma	rv1a	nd Hospital
17. FATHER'S NA	ME (First, Middle, Last)					16. MOTH	ER'S NA	ME (First, Middle, Maiden S		1710	na nospital
Walter	D. Gillia	m				Ethe	1 P	earl Barre	b.t.		
	'S NAME (Type/Print)	b. MAILING	AOORESS (Street			Route Number, City or Town		in Code1			
Willia	m Robinson	cousin			Doycron			Baltimore,			d 21207
20e. METHOD O					OF DISPOSITION (N						own, State
	Cremation 3 - Ren 5 - Other (Specify)	nevel imp size nt	cemetery, crei	matory or o	other plece)						
	OF FUNERAL SERVICE LI		ALDU	cus i	Memorial	ND ADDRES	S OF F	Aug 21 Balt	CIMO	re C	ounty, MD
> V	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Utter Funeral Homes, Inc. 2501 Gwynns Falls Parkway Baltimore, Maryland 21216 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, Approximate										
23. PART I. E	nter the diseeses, or	complications the	caused the de	sth. Do						rreat,	Approximata
	ahock, or heart fellura. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death										
disease or co	ndition	Ra	Spira	Lary	1	- level	-1	-	/2		
resulting in death) a. CY CO PITA OY COLUMN GOOD DUE TO (OR AS A CONSEQUENCE OF):											
if any, leading cause. Entar CAUSE (Diseathat initiated	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Consequence on: Due to (or As a consequence on): Due to (or As a consequence on): Due to (or As a consequence on): Due to (or As a consequence on): Due to (or As a consequence on): Due to (or As a consequence on): Due to (or As a consequence on):										
	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 TO COMPLETION OF CAUSE OF DEATH?										
DID TOB. 25. WAS CASE R EXAMINERY 1 VES 2 27. MANNER OF	ACCO USE CONT	TRIBUTE TO CA	USE OF DEA	TH Y	ES NO [UNC	ERTAI	ND			1 TES 2 NO
25. WAS CASE R	EFERRED TO MEDICAL	HOSPITAL:	26. PLAC	E OF DEA	OTHER:)	/				
1 PYES 2			ER/Outpatient 3	□ DOA		ne 5 PRes	idenca	6 Other (Specify)			
27. MANNER OF 1 Netural 2 Acciden				26b. TIR	TIME OF 186c. INJURY AT WORK? M 1 YES 2 NO			26d. DESCRIBE HOW INJURY OCCURED			
3 Suicide 4 Homicid	6 Could not be	26a. PLACE (building.	OF INJURY — At ho etc. (Specify)	ome, tarm,	street, fectory, offi	се		26t. LOCATION (Street a City or Town, Stete)	nd Numbi	er or Rural	Route Number,
29e. CERTIFIER (Check only one)		EH On the heats of a	eamination and/or t	investigaci		death occurs	d at the	a to the cause(s) end man a time, date and place, and	d dua to	the cause	(s) and manner as stated,

32 MEGISTRAR'S SIGNATURE

Julia Davidson Andre DHMH-16 Rev 1/89



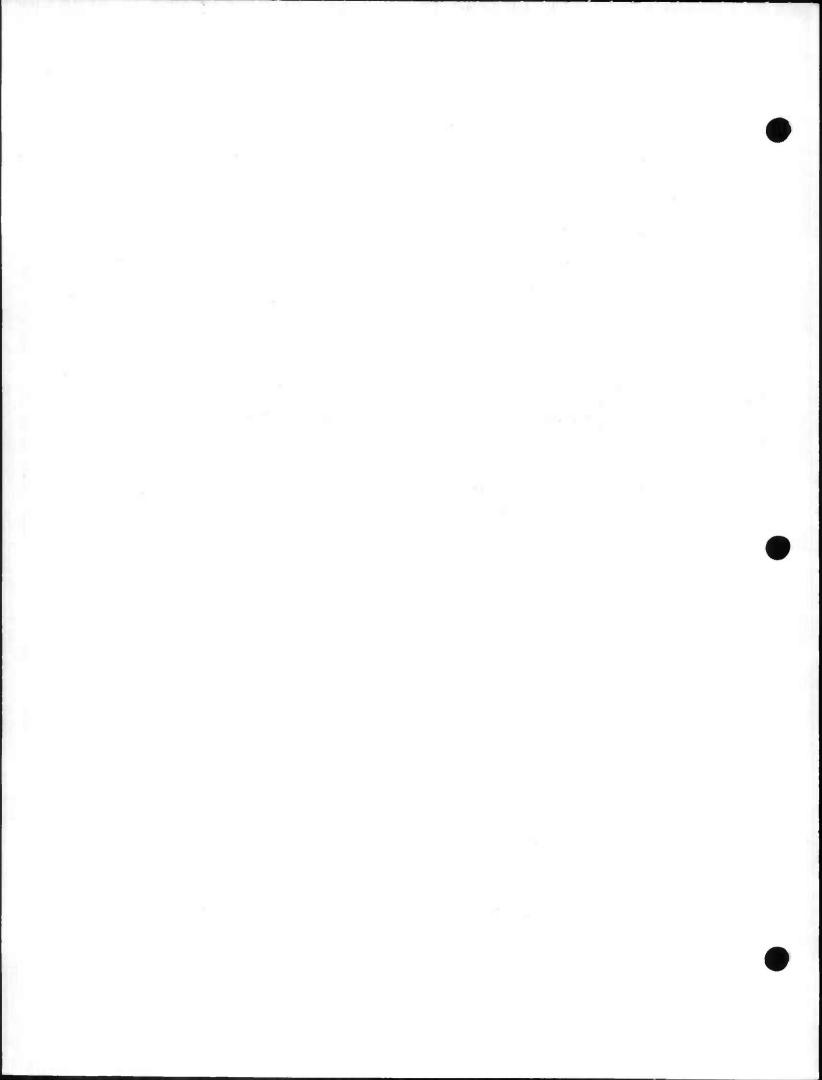
ME HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	OR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	flar death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	8 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAN: T	THE FUNERAL DIRECTOR: After this certificate	be filed within 72 hours after death with the Stat	IMPORTANT: If Item 28 is marked, or Ite

	1)		CERTIF	ICATE	OF L	DEATH	REG. NO.	_	3. TIME O	F DEATH
MURIEL K.		HARR	YMAN				August 15	1998	5 11:5	6 P. M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In)	yrs. lest birthday)	IF UNDER		IF UNDER 24 HRS.	7 DATE OF BIRTH		BIRTHPLACE /Sta	te or Foreign
050-24-5081	1 □ M 2 💢 F	66	YRS.	MONTHS	DAYS I	HOURS MIN.	(Month, Day, Year) 4-11-1930		New Yo	rk
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN OR	LOCATION OF DE	ATH	9c. COUNTY	OF DEATH	
St Joseph Host	oital			To	OWSOI	ı		Balt	imore	
RESIDENCE OF DECEDENT 10a, STATE 10b, COU			100 017	Y, TOWN O	D I OCATIO				10d. INSIC	e arry
	imore			Towso		TN .			LIMIT	\$7
10e. STREET AND NUMBER	Illore			TOWSC	-	IP CODE		100 CITIZEN	N OF WHAT COUN	2/ NO
8208 Rider Ave									S.A.	ITRITE
11. MARITAL STATUS	NT EVER IN U	S ADMED	1 42 9	WE DECE	21204	IIC ORIGIN? (Specify Yea		. RACE — Americ	an Indian	
1 Never Married 2 Married	1 YES	2 NO	III	yes, spec	Ify Cuban, Maxica	n, Puerto Rican, etc.)	or No — 14.	Black, White, etc.	D.	
3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATE	ES	1 '	☐ YES 2	NO Specify	r:		Specify: Wh	ite
15. DECEDENT'S E		10	6a. DECEDENT'S	USUAL OC	CUPATION		16b. KIND OF BUS	INESS/INDUS	TRY	
(Specify only highest gr. Elementary/Secondary (0-12)	+)	(Give kind of life. Do NOT u	work done d se retired.)	uring most	of working					
		Homem	aker			Own H	ome			
17. FATHER'S NAME (First, Middle, Last)							ME (First, Middle, Malden	Sumame)		
Raymond K	raft					Angel	ine Daum			
198. INFORMANT'S NAME (Typer/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Arthur L. Harryman 8208 Rider Ave., Towson, Maryland 21204										
Arthur L. Harry	man		820	8 Ric	ler A	ve., To	wson, Mary	land 2	21204	
20s. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 R	emoval from Stata		LACE AND DATE						y or Town, Stata	
4 Donation 5 Other (Specify)		Hai	rryman					imoniu	ım, Mary	land 2
21. SIGNATURE OF FUNERAL SERVICE		0		22. 1	NAME AND	ADDRESS OF FA	CILITY		1050	York Rd
▶ Wallac	es B	Loops	21	D	nck '	Towern 1	Tuneral Hor	me. The	c.Towso	n.Md.
23. PART I. Enter the disesses, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, Approximate										
shock, pr heart fallure. List Dnly one ceuse on each line. IMMEDIATE CAUSE (Final Onset and Dsa										
disease or condition										
s. Ventucular forillations s. Ventucular forillations DUE TO (OR AS A CONSEQUENCE OF): Coronary artery disease										
(propery ortens disease										0011
Sequentially list conditions, if any, lasding to immediate	DUE TO	O (OR AS A C	ONSEQUENCE	F):	1	1			17	, , ,
cause. Enter UNDERLYING	C-		0			V				
CAUSE (Disesse or Injury that Initiated events	-	OR AS A C	ONSEQUENCE D	F):						
resulting in death) LAST	d									
PART II. Other significant conditions	lone contributing t	o death but	not resulting	In the un	declules	cause alven la	Part 1. 24e. WAS AN	ALITORAY	Tour WERE MIT	OPSY FINDINGS
Trace in order organical contain		o death but	. Hot rasuming	iii die dii	dariyilig	cause given in	PERFOR		AVAILABLE	PRIOR TO ON OF CAUSE
							t 🗆 YES 2	DNO	OF DEATH	
1 YES 2 NO										2 NO
DID TODA COO LICE CO						UNCERTAI	NE			
DID TOBACCO USE CON	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:									
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			-	28c. INJU		8 Other (Specify)			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 17 NO	1 Inpatient 2	27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIM (Month, Day, Year) INJ						NJURY OCCUP	RED	
25. WAS CASE REFERED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH	1 Inpetient 2		IN		WOR					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 17 NO	1 Inpatient 2 28s. DATE C	Day, Year)		М	1 YE	S 2 NO				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigate 3 Suicide 6 Could not	28e. DATE C (Month, on 28e. PLACE building	Day, Year)	- At home, farm,	М	1 YE	S 2 NO	261. LOCATION (Street City or Town, State)	and Number or	Rural Route Numb	er,
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigate 3 Suicide 6 Could not determined	28e. DATE C (Month, on 28e. PLACE building	OF INJURY —	- At home, farm,	М	1 YE	S 2 NO	261. LOCATION (Street and City or Town, State)	and Number or	Rural Route Numb	er,
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 IN NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigate 2 Accident Investigate 3 Suicide 6 Could not determined	1 □ Inpetient 2 28s. DATE C (Month, on 28s. PLACE building	OF INJURY — g, atc. (Specify	- At home, farm,	M street, facto	1 YE		261. LOCATION (Street City or Town, State)			er,
25. WAS CASE REFERRIPO TO MEDICAL EXAMINER? 1 VES 2 IN NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigate 3 Suicide 6 Could not detarmined. 29a. CERTIFIER 1 CERTIFYING PROCESSORY	1 □ Inpetient 2 28s. DATE C (Month, on) 28s. PLACE building	OF INJURY — g, atc. (Specify, of my knowled	At home, farm,	street, facto	1 YE	ind pleca, and dua	City or Town, State)	nner as atated.		

25. HAS CASE HEPERINED TO MEDICAL	as randa of seatt forest only only									
	HOSPITAL: 1 Inpetient 2 ER/Outpetient 3	DOA 4 Nu	R: rsing Home 5 Mealdence	8 Other (Specify)						
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	26d. DESCRIBE HOW INJURY OCCURED						
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At hos building, atc. (Specify)	me, farm, street, fac	tory, office	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
29a. CERTIFIER (Check only	CIAN: To the best of my knowledge, da	ath occurred at the	time, data and place, and due	to the cause(a) and manner as stated.						

2 MEDICAL EXAMINER: ON THE	bears of examination and/or investigation, in my opinion	, death occured at the time, data and place, as	nd due to the cause(a) and manner as stated
HATUBE AND TITLE OF CERTIFIERS	C. Lignos MD.	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year) 8-16-9-6

SOL TARME AND ADDITEDUCES TELLOUIS WITHOUT	MI ELIED CHOSE OF DE	Detri (LEM 27) List	re, rinnj			
Evangelos Lingmos	M.D.	7801	York	Road	Towson,	Maryland
AUG 1 9 1996	32. REGISTA SEALCH	A STATE OF THE PARTY OF THE PAR				

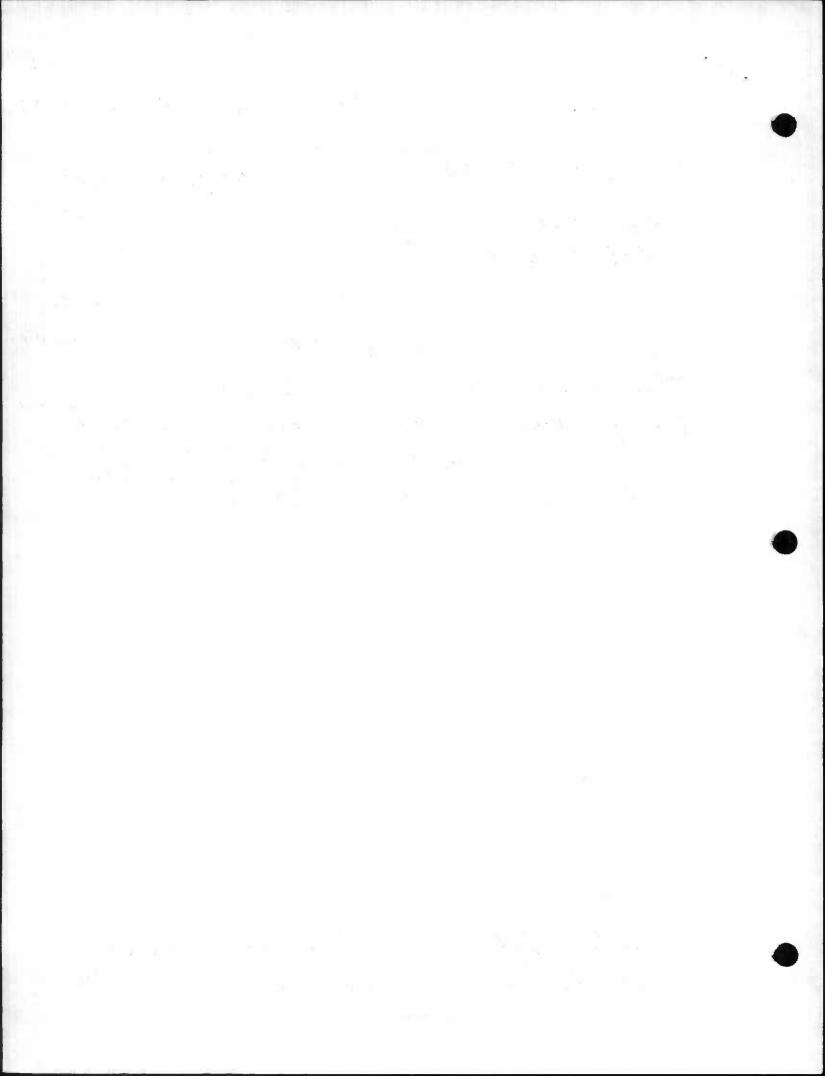


State of Maryland / Department of Health and Mental Hygiene

24437 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** :40 AM annie Jaust /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner saltimore If Under 1 Yeer If Under 24 Hrs. 5. Social Security Number . lest birthdey) 9. Birthplece (State or Foreign Country) **Funeral** Deys Director Usual Residence of Decedent death with the Marylend 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f ahow other traumatic event, the Medical Examiner must be notified at 1 Yes 2 No Director 10e. Street end Number 10g. Citizen of What Country? ò "natural", or items 23a Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 22 No If Yes, Give Yeer or Detes: 14. Rece - American Indian, Bleck, White, etc. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritel Stetus permit. Peges 1 end 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: If flem 27 is merked other than "natural", or flen eny Injury or other traumatic event 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ 3 Widowed 4 Divorced Specify: lack Completed 16a. Decedent's Usuel Occupation
(Give kind of work done during most of working
life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 1 EacHENS 12 18MS 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) mo Chic 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) City or Town, Stete Method of Disposition 20b. Place of Disposition (Nan 1 DBurial 2 □ Cremation 3 □ Removal from State Donation 5 Other (Specify) 22. Name and Address of Facility(21. Signature of Funeral Service Licenses Vicini 340 REISTERS BAHE MAKE, DUR JUST Approximate Intervel Between Onsef end Deeth **Physician** /Medical Immediete Cause (Finei disease or condition resulting in death) Examiner Examiner physician and the burial-transit The law requires that tha death certificata be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Records, P.O. Box 68760, Physician/Medical Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? cata has been signed by page 2 should be detac 1 ☐ Yes 2 ☐ No 3 Probably 4 Onknown Be Completed by 24e. Wes an autopsy performed? 24b. Were autopsy findings aveilable prior to completion of cause of death? 2 12 No certificata 1 Yes 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Director: After this certifica completely filled in by the funeral director, p. 25. Wes case referred to medical exeminer? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Medical Certification: To 1 Yes 2 No 1 Dinpatient 2 ER/Outpatient 3 DOA eral Director: After this filled in by the funeral 27. Menner of Deeth 28a. Dete of Injury (Month, Day Year) 28c. Injury et Work? 28b. Time of 28d. Describe how Injury occurred 5 Pending investigation 1 Netural 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 6 Could not be Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Piece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide 102 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete and place, and due to the cause(s) end menner stated. 29e. Certifler 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Neme and eddress of person no completed cause of deeth (Item 23e) (Type, Print) 32. Registrer's Signeture 31. Dete filed (Month, Dey, Year) State Registrar

DHMH 16 Rev 6/95

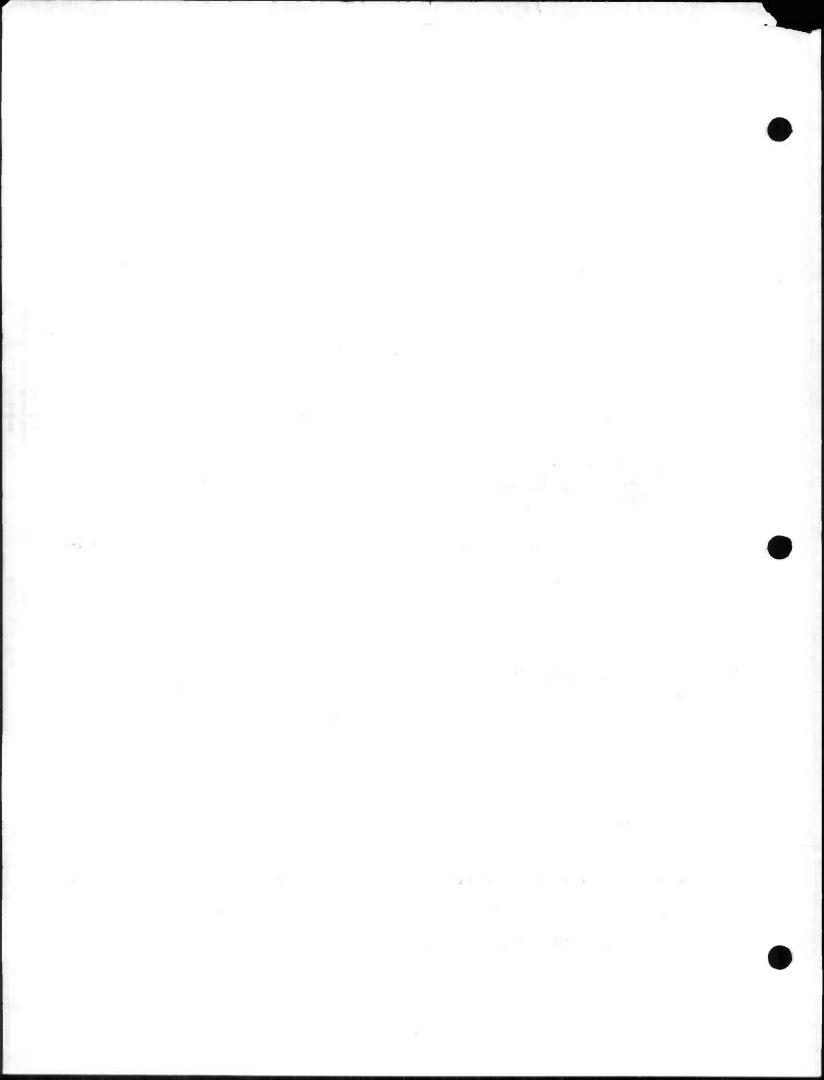


DIVISION OF VITAL RECORDS, P.O. BOX 6876

FOR STATE REGISTRAR
1. DECEDENT'S NA
JOHN
4. SOCIAL SECURIT
213-05-
9s. FACILITY NAME
Stell
RESIDENCE C
10a. STATE
Md.
10e. STREET AND
1915
11. MARITAL STATU
1 Never Married
3 Widowed 4

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

i	1. DECEDENT'S NAME (First, Middle, Last)									2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH					
	JOHN			HAMMI	EN					Augus		, 199	2:50 P M		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BII (Month, Day) Hours Min. (Month, Day)							BIRTH Day, Year)		Country	PLACE (State or Foreign				
	213-05-1428 1X ** 2 F 80								land						
_	9s. FACILITY NAME (If not in					_		OR LOCATION	OF DE	DEATH So. COUNTY OF DEATH Baltimore					
DIRECTOR	Stella Maris Hospice Towson Baltim									THOT	.е				
교 교	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY	
	Md.	Balti	imore		ם	unda]	lk							LIMITS? 1 YES 2 X NO	
- 14	10e. STREET AND NUMBER		4.1020					. ZIP CODE				10g. CITIZI	EN OF W	THAT COUNTRY?	
FUNERAL	1915 Sta			21222 USA											
3	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AF							ENDENT OF	HISPANI	IC ORIGIN?			14. RACE	- American Indian,	
-	1 Never Merried 2 X		FORCES? 1		МО	If yes, specify Cuben, Mexican, Puarto Rican, etc.) Black, Whits, et						white, etc. White			
BY	3 Widowed 4 Dive	orced						A						Wille	
	15. DEC (Specify onl	CEDENT'S EDUC ly highest grade (ATION completed)	(G	CEDENT'S	work done o		ON st of working		16b. K	IND OF BUS	SINESS/INDU	STRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)			-Foreman G					Gym	sum C	0		
COMPLET	9 Vrs. 17. FATHER'S NAME (First, N	Aiddle Leet				OLG							•		
	Adam Ham							1.0		ME (First, Mid a Trai		Sumame)			
8	19s. INFORMANT'S NAME (10	h MARING	ADDRESS	/Street o					n, State, Zip (^orfe)		
2	Mary Ham		Wife	1.0						ndalk			2000)		
	20s. METHOD OF DISPOSIT	TION		20b.PLACE	-					DATE					
ı	1 → Burist 2 □ Cremette 4 □ Donation 5 □ Other		eval from Stata	cemetery, cre			Of :	Iesus		8-19					
- 1	21. BIGHATURE OF RUNIFIAL SERVICE CENSEE					22.	NAME A	ND ADDRESS	OF FAC	CILITY					
- 1	* Han				_				f Dun	dalk	ζ				
\dashv	23. PART I. Enter the d	liseases or c	omittrations that o	aured the de	anth Do					Point			- l	Approximate	
	shock, or h	neart failure. L	ist only one cause	on each ilne	b .			,				,		Interval Between Onset and Dasth	
ı	iMMEDIATE CAUSE (Findisesse or condition	nsi	LIVE	P.CA	W	EP								13 ans	
ł	resulting in death)			R AS A CONSE			•							37.005.	
z															
CERTIFICATION		Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, lesding to immediate couse. Enter UNDERLYING													
3	CAUSE (Disease or Injury C. C. CAUSE OF A CA														
	that initiated events Due to (OR AS A CONSEQUENCE OF): resulting in deeth) LAST														
	d														
	PART ii. Other significa				reeuiting	in the un	deriyin	g ceuee gi	ven in I	Part i. 2	4a. WAS AN		24b.	WERE AUTOPSY FINDINGS	
EDICAL	SENILE	36	MENTI	A						,	YES 2			MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
											/	N		1 YES 2 NO	
_ 11	DID TOBACCO L	JSE CONTR	RIBUTE TO CAU	SE OF DEA	ATH YI	S 🗆 I	VOV	UNCE	RTAIN	1 🗆					
<u> </u>	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? MOSPITAL:														
	1 YES 2 NO		HOSPITAL:	R/Outpatient	DOA	OTHER 4 Nun	R: sing Horr	10 5 Ass	Idencs	8 XOther (Specify)	Hospi	ce		
PHYSICIAN	27. MANNER OP DEATH		20a. DATE OF IN (Month, Day,	(JURY Year)	28b. TIN	IE OF JURY		URY AT		28d. DESC	RIBE HOW I	NJURY OCC	URED		
BY	1 Netural 5 2 Accident	Pending investigation				М		YES 2	NO						
	3 Suicide 6 Homicide	Could not be determined	28a. PLACE OF I	INJURY — At he c. (Specify)	oma, fsrm,	street, fact	ory, offic	a		281. LOCAT City or	ION (Street : Town, State)	and Number of	or Rural R	loute Number,	
	4 Homicide determined														
로Ⅱ	29s. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dus to the cause(s) and manner as stated.														
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piecs, and dus to the cause(s) and manner as stated.														
BE	296. SIGNATURE AND TITLE	E OF CERTIFIER	0 10					Sec. LICE!	ISE NUM	IBER		29d. DATE	SIGNED	(Month Day, Year)	
	Menagle	210	auch	ullu	2			<u></u>	256	043		> {	3/1	5/76	
-	30. NAME AND ADDRESS O						-		700		0100	,	1	,	
	DR. KENDALI			DULAN	EY VA	LLEY	KD.	. TO	WSON	I, MD	21204	+			
	31. DATE FILED (Month, Day,		32. REGISTRAR	S SIGNATURE											
	AUGI	9 1996	Jama dia	markerin	HO CAN										



State of Maryland / Department of Health and Mental Hygiene Certificate of Death

24439

3. Time of Death

8:10 PM

1☐ Yes 25 No

Approximata interval Between Onsat and Death

15	ĺ
Physician	
/Medical	I
Funnalman	

Examine

Funeral Director

with the Maryland show "natural", or items 23e or 28s-f show the Medical

filed within 72 hours after Hygiene. Pages 1 and 2 should be nent of Health end Mental 27 is marked or traumatic ever Item 27 I permit. Pages 1
Department of P
Important: If Ite
any Injury or ot

21215-0020

Baltimore, Maryland

P.O. Box 68760,

Division of Vital Records,

Physician /Medicai Examiner

The law requires that the death certificate be executed bunial-tran the SO OSA Por certificate Attending Physician: this After t To the Hospital or Attendir within 24 hours after death.
To the Funeral Director: Af completely filled in by the fu death.

1. Decedent's Name (First, Middle, Last) 2. Date of Death 1996 AUGUST 13 STEVE Stephen **JOHNSON** 4a. Facility Name (If not Institution, give streat and number) 4b. City, Town, or Location of Daath 4c. County of Death NORTH ARUNDEL HOSPITAL GLEN BURNIE ANNE ARUNDEL 5. Social Sacurity Number If Under 1 Year 6. Sex 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplaca (State or Foreign Country) 11XM 2□ F Months Days Hours Min. 213 94 1553 Yrs. 34 28, 1961 Maryland Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. fnslde City Limits Director Anne Arundel Maryland Pasadena 10e. Straet and Number 10f. Zip Code 10g. Citizen of What Country? 311 Beach Avenue 21122 U.S. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 2 No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status 1 Never Married 2 Married 1 ☐ Yas 2 No Specify þ White Specify: 3 Widowed 4 Divorcad Year or Datas: Be Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Businass/Industry (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4or 5+) Mechanic Sheet Metal 12th 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumema) Shirley M. Makar 10 Kenneth H. Johnson 19e. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Kenneth Johnson Father 11214 Charlie Drive Bishopville, Maryland 21813 20e. Method of Disposition 20b. Placa of Disposition (Neme of cemetery, crematory or other placa) 20c. Location - City or Town, State 1 XBurial 2 Cramation 3 Removal from State Meadowridge Memorial Pk. 8/17/96 Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Nama and Address of Facility Gonce Funeral Home P.A. ramirouski 4001 Ritchie Highway Baltimore, Md. 21225 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Luci or one cause on each line. Immediate Cause (Final NARCOTIC AND ALCOHOL INTOXICATION disease or condition resulting in death) Due to (or as a consequence of). Examiner Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury Due to (or es a consequença of): Physician/Medicai that initieted events resulting in death) Last Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part f. 23b. Dfd tobacco use contributs to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown þ Completed 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? completion of cause of death? 1 Yes 2 □ No 19 Yes 2 No Be 25. Was case referred to medical 26. Place of Deeth (Check only one) Hospital: 1 ☐ Inpatient ※X ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 27. Manner of Death 28a. Date of Injury (Month, Day Year) FOUNDURAT 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending Investigation 1 Naturai 1 Tes 2 X No UNKNOWN

29e. Certifier (Check only one)

2 Accident

3 ☐ Sulcide

4 Homicide

1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and menner as stated.

Medical Examiner: On the bests of examination and/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) and manner stated. 29b. Signature and title of contifier

29c. Licensa number O.C.M.E.

29d. Data signed (Month, Day, Year) AUGUST 15,1996

28f. Location (Street and Number or Rural Route Number, City or Town, State) 311 BEACH ROAD

PASADENA, MARYLAND

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

6XX Could not be determined

Farler Jan. U

111 Penn Street, Baltimore, Maryland 21201

State Registrar

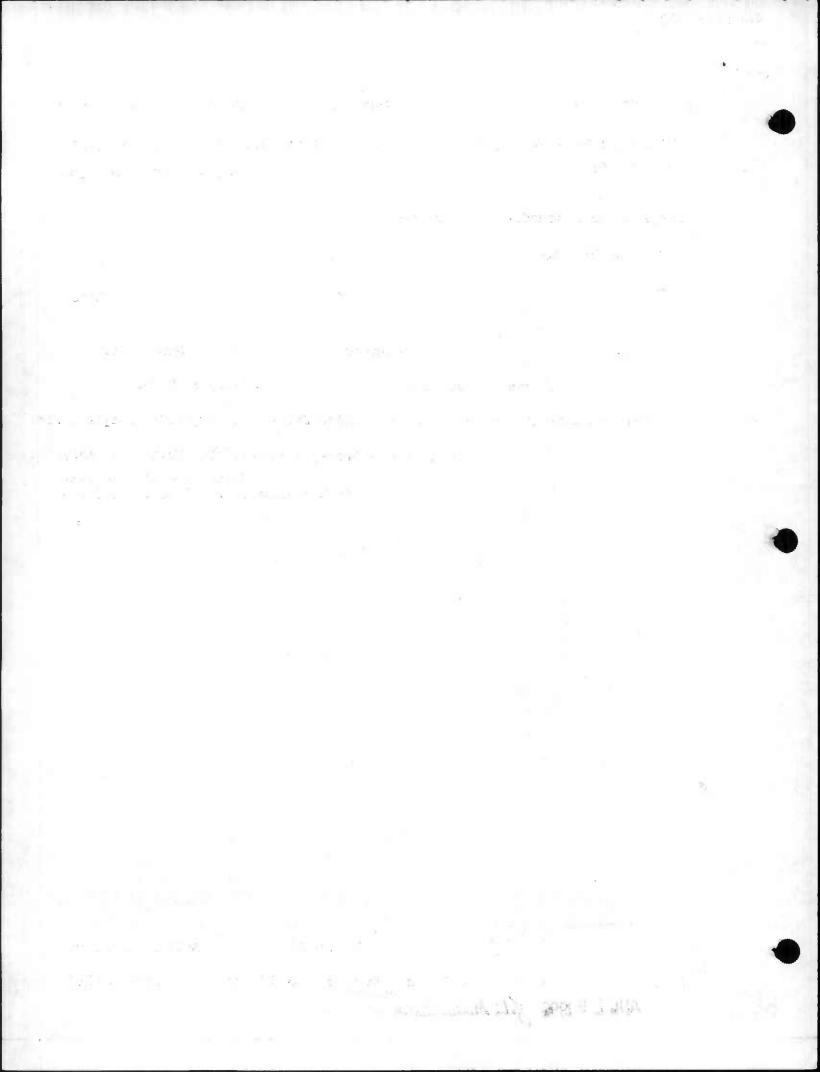
Medicai

22. Registrar's Signature the Develor Randoll

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28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

FOUND AT HOME



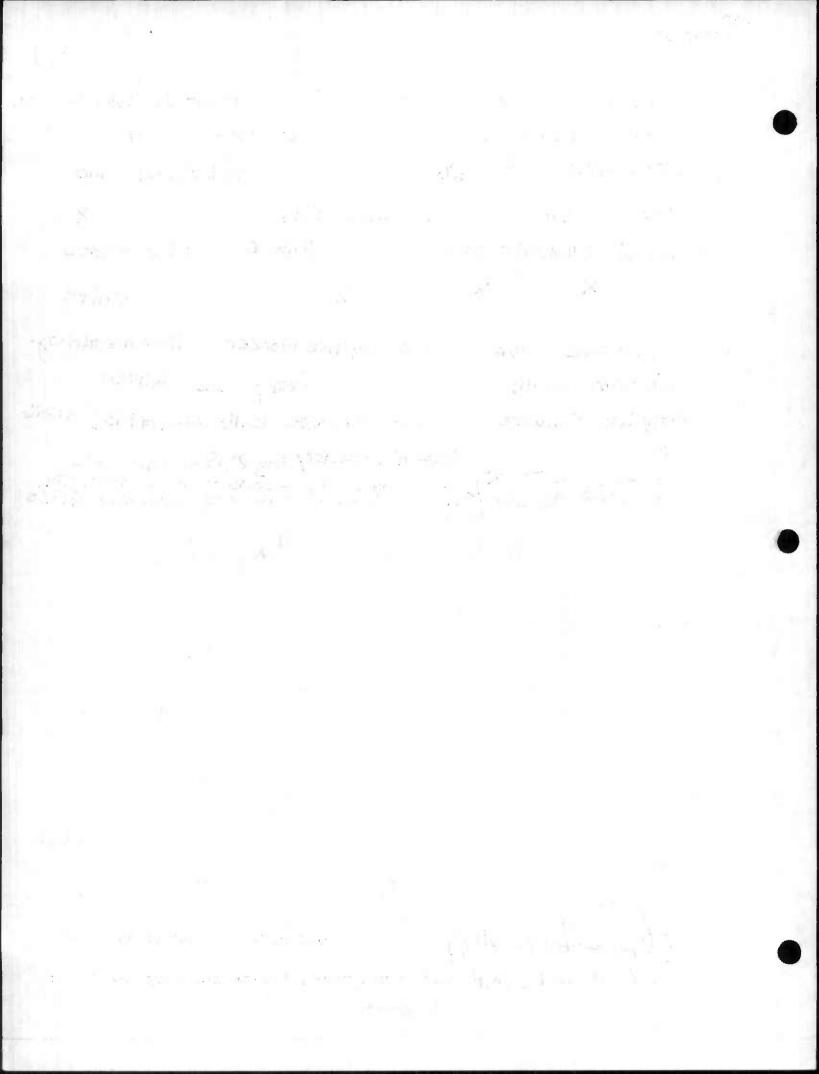
State of Maryland / Department of Health and Mental Hygiene 96 24440

						Certificate of	Death	F	Reg. No.	1	
	Physic /Medi		Decedent's Name (First, Middle, La NANCY	st)		KLOTZ		2. Dete of Dee AUGUS	eth	19 96	3. Time of Deeth 8:29 Pl
	Exami		4e. Facility Name (If not institution, giv 131 W. CLEM				4b. City, Town, or L BALTI			of Death	
	Funerai Director		0010 10 0.11	ex 7. Ag □ M 2 5 F	e (In yrs. last b	Yrs. If Under 1 Yea Months Days		8. Date of Birth (Month, Day	901969	Countr	ace (State or Foreign
	Maryland a-f ahow	tor	Usual Residence of Decedent 10a. State 10b. County N/A	t		wn or Location altimae	City		1	100	d. Inside City Limits
	th with the 23a or 28	ai Director	10e. Street and Number	neut s	tree-	10f. Zip Code	21230		10g. Cillzen of V Unital		
altimore, Maryland 21215-0020	72 hours effer death with the Maryland natural', or fterns 23s or 28s-f show dical Examinar must be notified at	by Funeral	11. Maritel Status 1 Never Married 3 Widowed 4 Divorced	12, Wes Decedent Armed Forces? 1 Yes 2 If Yes, Give Year or Dates:		13. Was Decedent of If Yes, spacify Cui	ben, Mexican, Puerto	ecify Yes or No- Rican, etc.)	Biad	a - American ck, White, et	ic.
	d within giene. r than "	Completed	15. Decedent's Et (Specify only highest gra Elementery/Secondary (0-12)	College (1-4or 5		a. Decedent's Usual Occu (Give kind of work done life. DO NOT use retire SSEMBLY	e during most of work		16b. Kind of Bu	~	muly
	should be filed of Mental Hygie marked other imatic event, the	To Be C	17. Fether's Name (First, Middle, Last)	ewis			18. Mother's Nam	Lee	GRIF	FIN	
	1 end 2 s Health er sm 27 is ther trau		19a. Informant's Name/Relationship (Bethy Lee Sch 20a. Method of Disposition	Type, Print)	8	b. Mailing Address (Street) BOX I SOX I of Disposition (Name of	Pence, B	Date	AD(Ap	4-13) alaxu
	t. Pertrant		1 Burial 2 □ Cremetion 3 □ 4 □ Donation 5 □ Other (Specification 5 □ Other (Specification Specifica)	Camer	ery, crematory or other pla	tery Aug		20c. Location -		
Ba	Depa Impo any ir		21. Signature of Funeral Service Light	200	5	22. Name and Addr Charles 1501 E.	L. Steve Fort A	us fur	Balto.	CIN	e. INC.
	Physician /Medicai Examiner	er	23a. Part1. Enter the disease, or com, shock, or heart failure. List only Immediate Cause (Final disease or condition resulting In death)	a. Mulh	Due to (or as a	Sabard consequence of):	Cutter			11	Approximate interval Between Onset and Deeth
x 68760,	certificate be executed ding physicien end se es the bunel-transit	/Medical Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	c		consequenca of):					
, P.O. Bo	that the death certificated by the ettending protection of the detached for use es	/ Physician	Part II. Other significant conditions of	ontributing to death bu	rt not resulting	In the underlying cause g	iven in Part I.	23b. Did to	1	atribute to to	the cause of death?
Records,	aw requires as been sign 2 should be	Completed by						24a. Wes a perfor		avail	e autopsy findings lable prior to pletion of cause sath?
Vital R	Physician: The I this certificate he ral director, page	Be Con	25. Was case referred to medical examiner?				26. Piace of Deat	h (Check only or		19	Yes 2□ No
_		2	XX es 2 No	Hospital: 1 ☐ Inpatie	nt 2 ER/O	outpatient 3 DOA	ther: 4 Nursing Ho	me \$Chesid	ence 6 Othe	er (Specify)	
Division of	ding h. After fune	ertification:	27. Manner of Death 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	- 10 1	6 (100	Yes 22 No	28d. Describe h	it cut	irels/	tabled
Div	To the Hospital or Attenwithin 24 hours after deet To the Funeral Director: completely filled in by the	O	4 Homicide determined	building, etc	. (Specify)	erm, street, factory, office The factory office e, deeth occurred at the t		28f. Location (S. City or Town	n, State	ents	T. 2/230
	Hoa 124 h Fun letely	edicai		Iner: On the basis of and manner ste	exemination a	e, deeth occurred at the t nd/or investigation, in my	opinion, death occurr	ed at the time, d	lete and piece, a	and due to the	he cause(s)
	To the Hospital within 24 hours a To the Funeral I completely filled	Me	29b. Signature and title of certifier	rfeM	()		o.C.M.E.		29d. Date signed UGUST		

State Registrar

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

THE REN WILLIAM 1111 Penn Street, Baltimore, Maryland 21201 32. Redistrar's Signature



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 2444 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3 Time of Death 96 Frances Satterfield Lipscomb 8 17 7:30p.m. 4b. City, Town, or Location of Death 4c. County of Deeth 4149 Eierman Ave. Baltimore City Baltimore City If Under 1 Year If Under 24 Hrs. Hours Min. 5. Sociel Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) Days 10 M 20 F Months Yrs 224-04-2977 83 Apr. 7, 1913 N. Carolina Usuel Residence of Decedent 10a State 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 X Yes 2 □ No MD Baltimore City Baltimore City 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 4149 Eierman Ave. 21206 USA 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 11. Maritel Status 14. Rece - American Indian. Bleck, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☐ No If Yes, Give X 1 ☐ Yes 2 TNo Specify: 3 ☐ Widowed 4 ☐ Divorced Specify: Black Year or Detes: 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 5th Farming Farmer 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Luther Satterfield Lena Williams 19a. Informent's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Mattie Ewell 4149 Eierman Ave. Baltimore, Maryland 21206 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Steta 1

Burial 2 □ Cremetion 3 □ Removel from State 4 □ Donation 5 □ Other (Specify) New Bethel Bapt. Church Cem. 8/21/96 Alto, Virginia 21. Signeture of Funerel Service Licenses 22. Name end Address of Fecility and Wim. C. March Funeral Home neca 23a. Pert1. Enter the disease, or complications that caused the death. Do not shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset end Deeth Immediate Ceuse (Finel disease or condition resulting in death) Transmonal Cell Bladder Concer Due to (or es a consequence of) Sequentielly list conditions, if eny, leading to Immediate ceuse. Enter Underlying Ceuse (Disease or injury that Initieted events resulting in deeth) Lest Due to (or as e consequence of): Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings eveilebie prior to completion of cause of death? 24a. Was an eutopsy performed? 1 Yes 2 No 1 Yes 2 No 25. Wes cese referred to medical 26. Piece of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending investigation 1 Maturel 1 Yes 2 No 2 Accident

The lew requires that the death certificate be executed P.O. Box 68760, Division of Vital Records. Attending Physician: To the Funeral Dicompletely filled in

à Completed Be 20

burial-transit physician the USB 85 should be detached signed by peen Aftar this certificate director /tal or Ah.
.cours after death.
.est Director: After b.
.'n by the funeral dir

Physician/Medical Examiner

Physician

/Medical

Examiner

Funeral

Director

28a-f show

rai', or items 23a or 28a-f shov Examiner must be notified at

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shourd by and Mental Hygiene.
s marked other than "natural"

7 is marked other traumatic event.

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Department of Important: If any injury or once.

Physiclan /Medical

Examiner

Director

Funeral

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Completed

Be

with the Maryland

death

Pages 1 and 2 should be filed within 72 hours efter of the tof Heelth and Mental Hygiene.

Baltimore, Maryland 21215-0020

Certification:

Medicai 29e. Certifier (Check only one) 29b. Signeture and title of certifier

3 ☐ Suicide

4 Homleide

6 Could not be determined

28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify)

Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and plece, and due to the ceuse(s) and manner as steted.

2 Medical Examiner: On the best of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and plece, and due to the ceuse(s) end manner stated.

29c. License number MD

N9140

29d. Date signed (Month, Day, Year) August 19, 1996

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

eted cause of death (Item 23e) (Type, Print) 600 N. Wolfe St. Balt, more MD

MD. TSPLANDO 31. AUGU-1 (1901/1996)

Registrar

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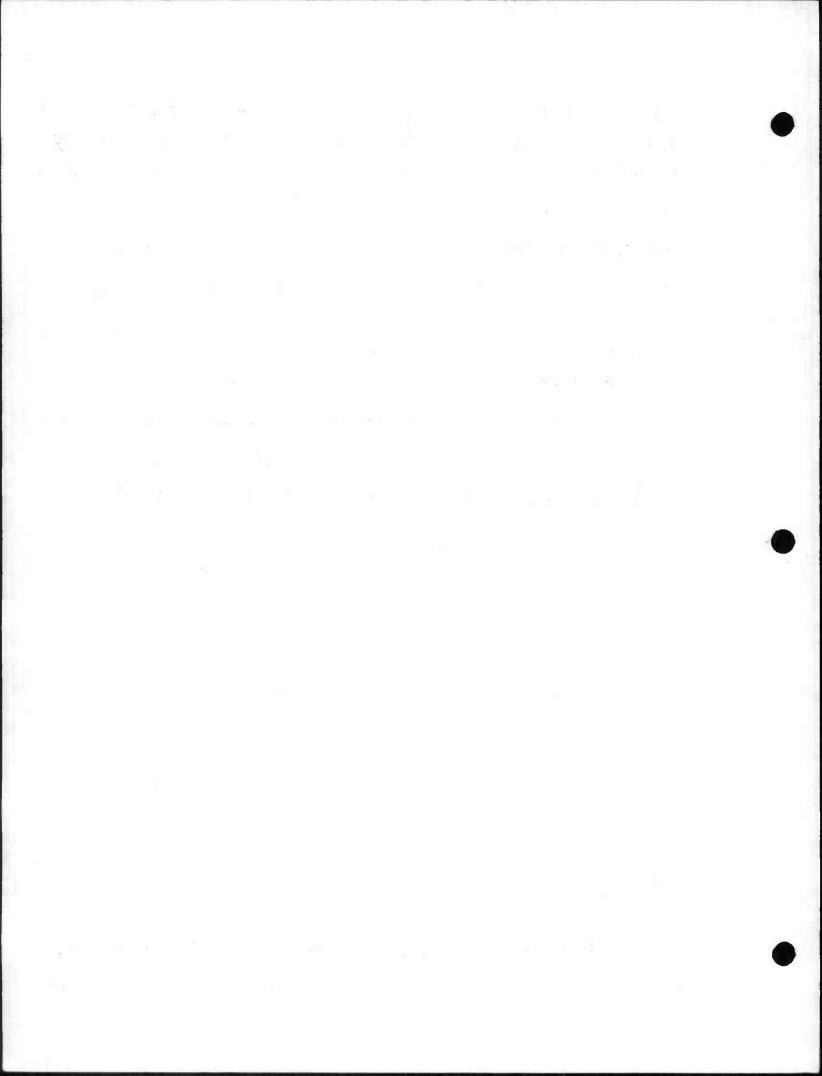
State of Maryland / Department of Health and Mental Hygiene

96 24442

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CXAIIII	ner	Johns Hopki				Baltimo			more (14				
		5. Social Security Number		7. Aga (in yrs. iest t	oirthdey) If Under 1 Yas	0		-						
uneral		218-92-0646	1 N 2 F	7. Aga (#7 9/5. 185) L	Yrs. Months Dey			ay. Year)	BALTIM	(Stete or Foreign				
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avent, the Medical Examiner must be notified at	5	MD	n/a		ALTIMORE					1XXVes 2□No				
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9	ner	11. Marital Status	12. Was Dece Armed For	dant Ever in U,S.	13. Was Decedent of If Yes, specify Cu	Hispenic Origin? (S	pecify Yas or N	o- 14. Ra	ce - Amarican I	ndian,				
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	by	3 ☐ Widowed 4 ☐ Divorce	It Yes Giv	e ites:	1□Yes 2√□N	Specify:		Specia	y: BLACK					
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permit. Pages 1 and 3 Department of Health Important: If Item 27 I any Injury or other tri		20a. Mathod of Disposition		comet	of Disposition (Name of	lece)	Data	20c. Location	- City or Town,	Stete				
		1 Suriel 2 Cremetion 3 Removel from Steta 4 Donetion 5 Other (Specify) VOSHELL MEMORIAL GARDENS 8-19 DUNDALK, MD												
ران		4 Donetion 5 Other (Specify) VUSHELL MEMURIAL GARDENS 8-19 DUNDALK, MD 21. Signature of Funerei Sarvice Licensae 22. Name and Address of Facility												
SUCE		21. Signature of Funerer Salvic	- CIOCHISAG				1101 -	MODELL	AMENIA	_				
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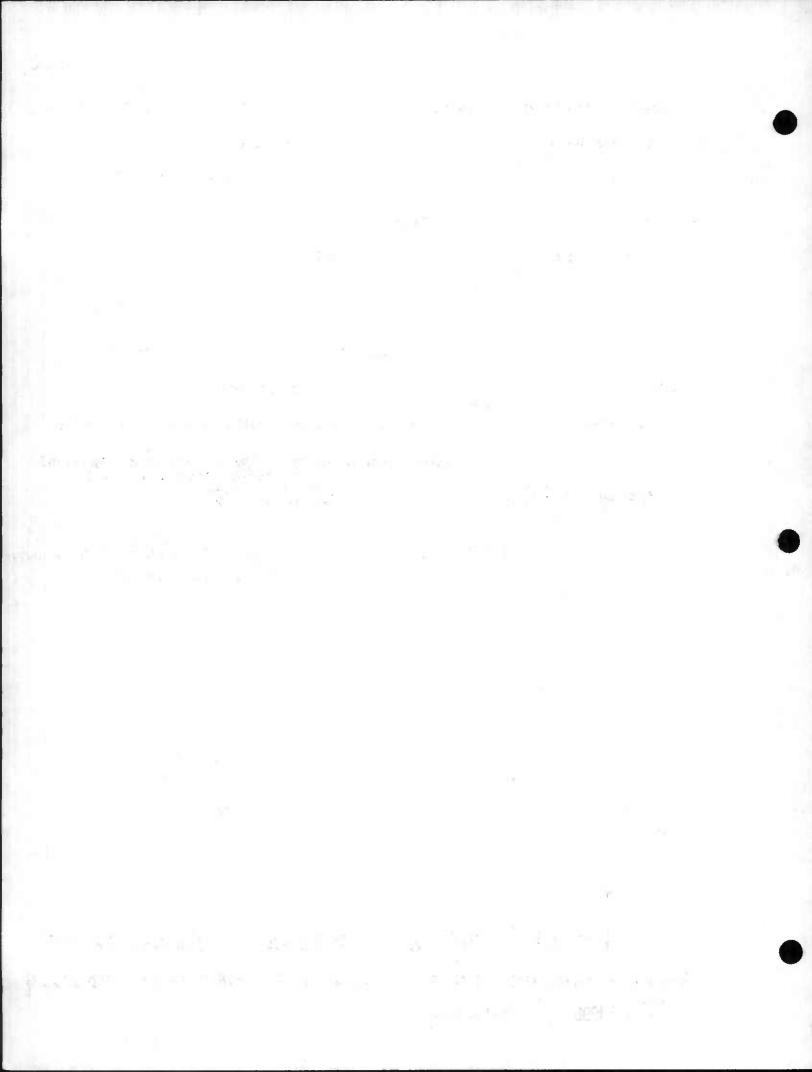
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State Registrar



State of Maryland / Department of Health and Mental Hygiene 96 24443

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nerai		5. Social Security N	Numbar 6	. Sex	7. Aga (In yrs. last birthday) If Under 1 Ya. Months Dev						8. Date of Bir (Month, Da	th av Veer		olaca (Stata or Fo	reign
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Ħ	8	3140 Le	eds Stre	et		21229				17	1	JSA			
Examiner must be notified at	Funeral	11. Marital Status		12. Was Dec	edant Evar i	n U,S. 13.	Was Deced	lant of h	lispanic Orig	in? (Sp	ecify Yes or No Rican, atc.)	14. Re	e - Amaric	can Indien,	
oficel Examin	F		riad 2 Marriad	Armad Fo	2 No									ato.	
	d by	3X Widowed		Yaar or D	Datas:	16a. Decedant's Usual Occupetion (Give kind of work done during most of working life. DO NOT use ratired) HOUSEWIFE 18. Mother's Name (First, Middle, Melden Su Jane Beckett 19b. Mailing Address (Streat and Number or Rural Route Number, City or T 136 Siegwart Lane Beltimore, Mar Ob. Place of Disposition (Name of cametery, cramatory or other place) Vestern Star Cemetery Aug 20 Belti 22. Name and Address of Fecility Nutter Funeral 2501 Gwynns Falls Parkway Baltimore, Maryland 21216 deeth. Do not enter the mode of dying, such as cardiac or respiretory errest,								ck	
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State of Maryland / Department of Health and Mental Hygiene

2414 Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Data of Death **Physician** Month LYNNER August
4b. City, Town, or Location of Death IDAR 1996 17 /Medical 4a. Facility Name (If not institution, give street and number) 4c. County of Death **Examiner** GENERAL HOSP. COLUMBIA HOWARD HOWARD COUNTY If Under 1 Year If Under 24 Hrs. 8. Date of Birth Months Days Hours Min. September 13, 1917 5. Social Security Number Birthplaca (State or Foreign Country)
 Norway 6. Sex 7. Aga (In yrs. last birthday) **Funeral** DOM 20F Director 368-16-7160 Usuel Residence of Decedent death with the Maryland 10a State 10b. County 10c. City, Town or Location Show 10d. Inside City Limits 7 is marked other than "natural", or Nems 23s or 28s-f sho traumstic event, the Medical Examiner must be notified at 1 ☐ Yes 2 ☐ No Maryland Howard County Ellicott City Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3004 North Ridge Road; # 319 21043 USA permit. Peges 1 and 2 should be filed within 72 hours after deat Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural". In item once, any injury or other traumatic event. 12. Wes Decedent Evar In U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, Black, Whita, etc. MXYes 2 □ No If Yes, Give Year or Datas: WW∏ 1 Never Married XIX Merried 1 ☐ Yas 2 ☐No Specify: þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) sales steel companies 17. Father's Name (First, Middla, Last) 18. Mother's Neme (First, Middla, Maidan Sumama) Sigurd Lynner Paula Ingrid Toftenes 19a. Informant's Neme/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Mr. Paul Lynner/son 10601 Harpoon Hill, Columbia, Maryland 21044 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Method of Disposition Dete 20c. Location - City or Town, State 1 ☐ Burial 2 XX remetion 3 ☐ Removal from Stete Baltimore-Washington Crematory 8-19 4 ☐ Donation 5 ☐ Other (Specify) Laurel, MD re of Funeral Service Licenses 22. Name and Address of Facility Slack Funeral Home. P.A. Ellicott City, Maryland 21043 Enter the disease, of complications that caused the deeth. Do not enter the mode of dying, such as cardiac or raspiratory arrest, or heart failure. List only one cause on each line. Approximate Interval Batween Onset and Death **Physician** /Medical Immediata Cause (Final · Chronic Obstructive Pulmonary Disease disaase or condition resulting in death) Examiner ed by the attending physician and detached for use as the burial-transit Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or Injury that initieted evants resulting in death) Last Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by should be detac 1 Vss 2 No 3 Probably 4 Unknown Neumonia à 24b. Were autopsy findings available prior to complation of causa of deeth? 24a. Was an autopsy performed? Completed 1 ☐ Yas 2 ☐ No 1 ☐ Yes 2 No Attending Physician: r deeth. funeral director, 25. Wes case refarred to medical Be 26. Place of Deeth (Check only ona) examiner? Hospital: 1 Impatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 28a. Dete of Injury (Month, Day Year) 27. Manner of Death 28d. Dascribe how Injury occurred Certification: 28b. Time of 28c. Injury at Work? Aftar 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No Hospital or Attendi 24 hours after deeth. Funeral Director: A investigation 2 Accident 3 Sulcide 6 Could not be determined 28e. Placa of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida To the Hospital of within 24 hours at To the Funeral D completaly filled 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

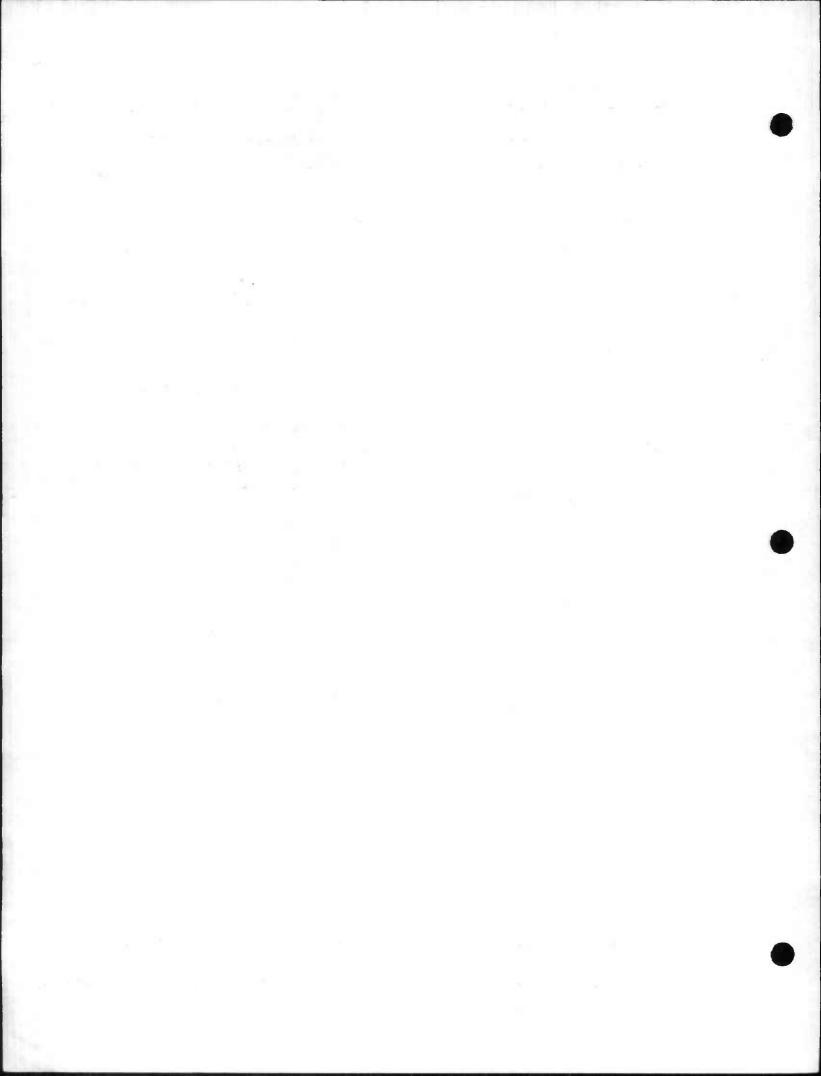
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. Medical 29a. Certifier 29b. Signatura and title of certifier Attenday 29c, Licansa number 29d. Date signed (Month, Day, Year) Physician 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) BERNARD P. FARRELLMD. Little Paturent Pkwy Columbia md 21044 31. Date flied (Month, Day, Year) AUG 1 9 1996 Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96 24455

				Certifica	ite of D	eath	Re	g. No.							
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LAGIIIII	G!	VA Medical	Center		17	altimor		NA-							
Francis			Sax / 7. Aga (In yrs.	last birthday) If Und		If Undar 24 Hrs.	8. Data of Birth	1	9 Rirthnia	ca (State or Foreig					
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Director.		Usual Residence of Decedant		0			4-2-	30	VIR	ginin					
ž		10a. Stata 10b. County	10c. Cit	y, Town or Location					10	d Inside City Limit					
a or 28a-f ahow be notified at	ក	heardard arm	12	eltimore						/					
3 5	Sc.	MARYLAND NA	· CC	10f. Zip Coda											
8 8	Director	10e. Street and Number	01 +				10	Vhat Countr	γ?						
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mt: H ry or		1 Burial 2 Cramation 3 Ramoval from Stata Cematary, crematory or other place)													
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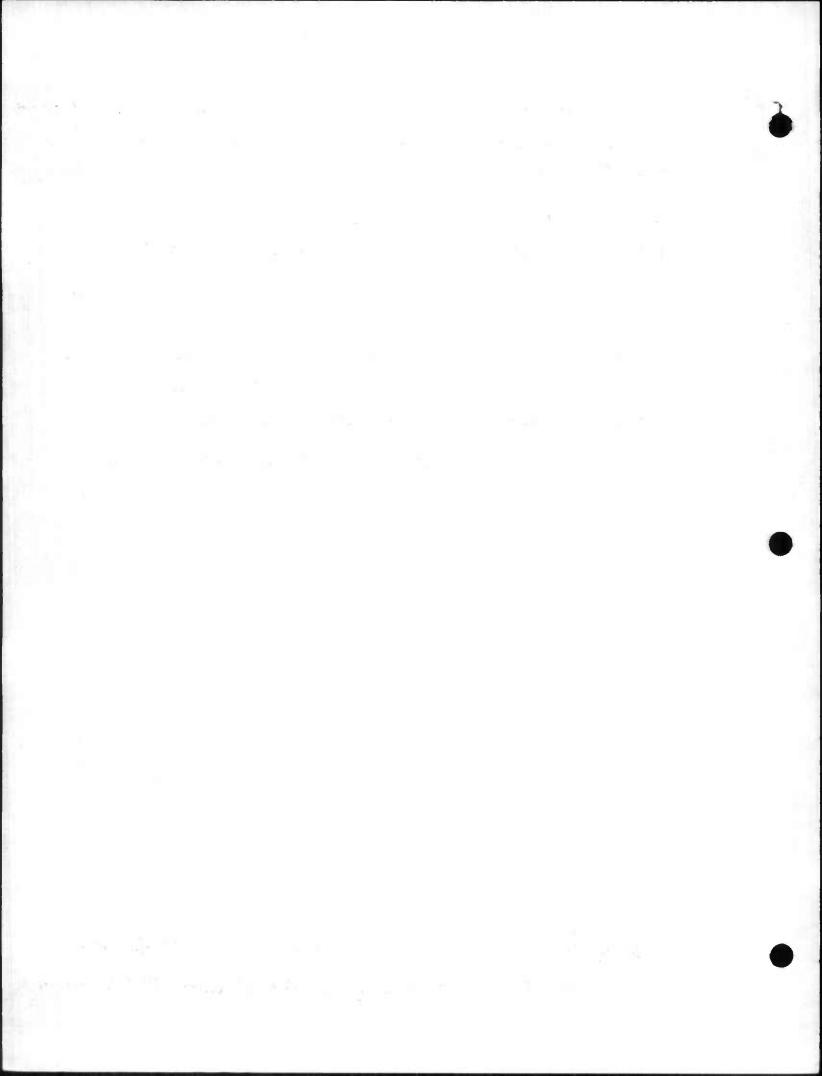


Please Type or Print In Black Indelible Ink.

Certificate of Death Reg. No.		
State of Maryland / Department of Health and Mental Hygiene	96	24446
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			Decedent's Name (First,	Middla. La	est)		Cer	tificate	of L	Death	2. Data of D	Reg. No.		3. Tima of Deeth	
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	/Medi		4a. Facility Name (If not ins			-harl			- (-4)	b. City, Town, or L			1996	11.507	
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1			Johns Hopkins 5. Social Security Number	6. S				If Undar 1 Y	Y001	Baiting If Under 24 Hrs.		1			
١	Funeral Director		247-20-5299		M 2□F	7. Age (In yrs. la:	Yrs.		ays	Hours Min.	NOV.	7,1922	9. Birth	placa (State or Foreign http) CAROL I NA	
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21215-0020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examinations to notified at once.	by	11. Marital Status 1 ☐ Navar Married 2 ☐ 3 ☐ Widowed 4 ☐ Div		12. Was Dece Armed Fo 1/ Yas If Yes, Gin Yaar or D	2 □ No		Vas Dacedani Yas, specify		spanic Origin? (Sp n, Maxican, Puarto Specify:	ecity Yes or N Rican, atc.)	o- 14. Ra Bli Speci	ce - America lok, Whita, fy: BL		
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a	Ments Ments Med	To	MOSES N	IORR I	SON			ALIFAIR BROWN							
Maryland	nd 2 shortifth and N 27 is main		19a. Informant's Name/Ralationship (Type, Print) HERMINE MORRISON 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State 1506 KENHILL AVENUE, BALTIMORE, MD 2									, Stata, Zip ID 212	(Code)		
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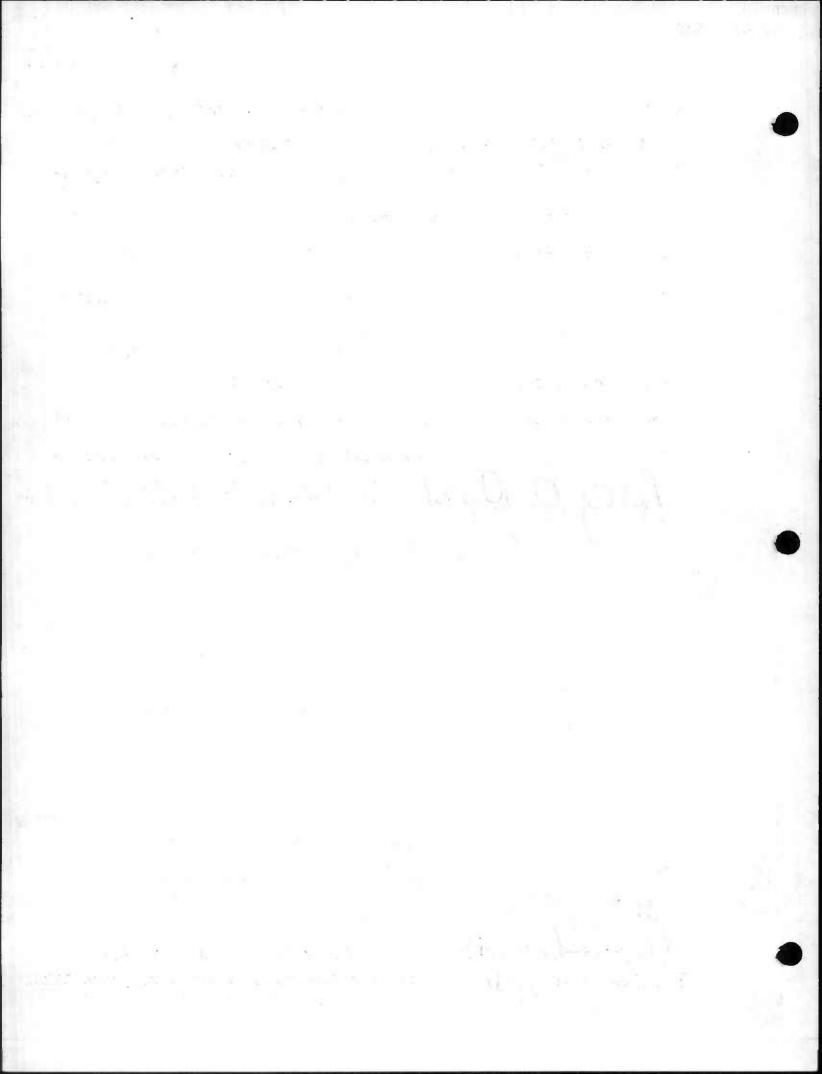


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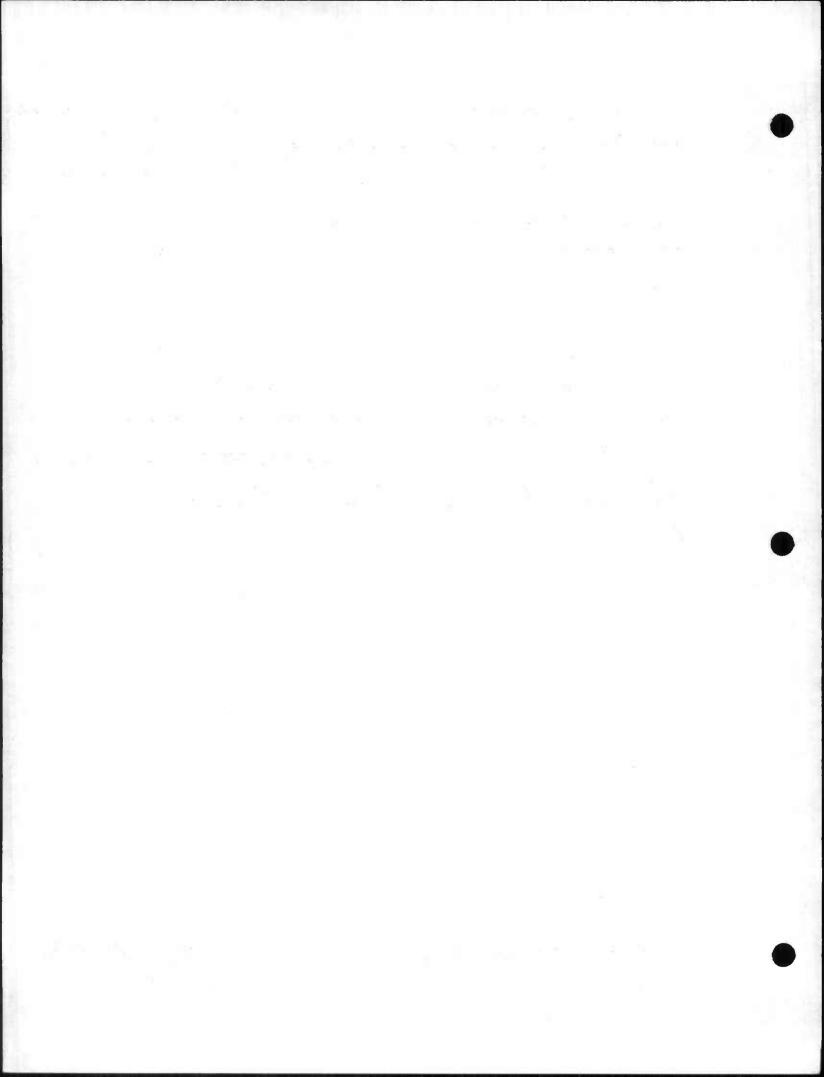
					of Marylar	-	artment of F tificate of		d Mental Hy	/giene Reg. No.	96	24447		
	Physici /Medi Examir	cai	Decedent's Nama (First, Mic ALLEN As Facility Name (If not institute)		um <i>ber</i>)			KAY 4b. City, Town,	2. Date of D Month AUGUS or Location of Dea	Day T 15 1	Year 996	3. Time of Death 9:06P.M		
F	uneral		4716 LIBERTY 5. Social Sacurity Numbar 217-92-3654			last birthday) Yrs.	If Under 1 Year Months Days	BALTI			N/ 9. Birthp	A placa (Stata or Foreign try) cyland		
anyiand	show	2	Usual Residence of Decedant 10a. State 10b. Cour MD	N/A	10c. Cli	y, Town or Lo				10d. Inside City Limit				
with the N	3a or 28a-f	Funeral Director	10e. Street and Number 5304 Bellev		nue	Daiti	10f. Zip Code	215		10g. Citizen of	What Coun	1 💢 as 2 No		
UZU urs after death	within ene. then "		11. Marital Status 1 Naver Married 2 Mi 3 Widowed 4 Divorce	12. Was Dec Armed F arried 1 Tyes	cedent Ever in U orces? 2 No ive	it	13. Was Dacedent of Hispanic Origin? (Specify Yes or No- if Yes, specify Cuban, Maxicen, Puerto Ricen, atc.) 1☐ Yes 2X No Specify: Specify: Black							
within ane.			15. Deced (Spacify only high Elementary/Secondary (0-12 11th	ent's Education nest grade completed, College) (1-4or 5+)	16e. Deced (Give life. L	Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) N/A 18b. Kind of Business/Industry N/A							
ylan Suld be	nd 2 should be lith and Mantal 27 is marked o	To Be Completed	17. Father's Nama (First, Middl Allen McKa	ay, Sr.				18. Mother's Name (First, Middle, Malden Surnama) Linda Peay						
C ****			19a. informent's Name/Reletion Linda Bunch/ 20a. Method of Disposition		20b. F	5304	Bellev	ville.	Ave., Ba		MD	21215		
Caltimore, Semit. Pages 1 ar			1 ☑ Burial 2 ☐ Cramation 4 ☐ Donation 5 ☐ Other 21. Signature of Funeral Service	(Specify)	State	emetery, crem	orial F Name and Addre	ark	8/21			own, MD		
icate be executed	ing physician and miles as the bunal-transit under the bunal-transit under the physician and the physi	Medical Examiner	23a. Fapt. Enter the disease. I immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initieted events resulting in deeth) Last	e	Due to (c	h. Do not ente	uence of):	ig, such as cere	HEIGHTS diac or respiratory a	arrest,	BALTC	o.md 2120 Approximate Interval Between Onset and Death		
that the death	igned by the attending be detached for use a	by Physician/M												
law requir	s been s 2 should	Completed t							24a. Was	s an autopsy ormed?	ava	ere autopsy findings ailable prior to mpiation of ceuse death?		
vical	cartificata rector, pa	o Be	25. Was cese referred to medic examiner? Yas 2 No	Hospitel:	Inpatient 2	ER/Outpatient	3□ DOA Oth	or:	Death (Check only		15	es 2□ No		
Attending Phy	5 7	Certification: T	27. Manner of Death 1 Naturai 5 Pend 2 Accident inves 3 Sylicide 6 Could	28a. Date (Mon	of Injury th, Day Year)	28b. Time of Injury 209 ome, farm, stre	28c. Injur Wor M 1 et, factory, office	y at k?	Su h	how injury occur Street and Number, State)	Let			
Jan Jan	pleie	edical Ce	29a. Certifier 1 Certify (Check one) Medica	ing Phyeician: To the if Examiner: On the band man	best of my know asis of examined ner stated.	STA wledge, death tion and/or Inve	occurred et the tin estigation, in my o	ne, date and ple pinion, deeth o	97/6 ece, and due to the courred at the time,	cause(s) end me dete end place,	Heigh enner as sta and due to	A DUC ated. the ceuse(s)		
To the	com	W	29b. Signature and title of certific	Losles	M		29c. Licenso	e number		29d. Date signe				
(Sta	te	31. Date filed (Month, Day, Yea	ocke, m	of death (Item			reet,				and 21201		
F	Stal Registra		AUG 19 1996	g-al	Widson-Na	ndelle								

Registrar DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Q C 21.1.1 0

	Physic /Mod		1. Decedent's Neme (First, Middle, Last)	shning-		oei uiica	e of Dea	<i>au i</i>	2. Date of De Month		3. Time of Death				
	/Medi Exami		4a. Facility Name (If not institution, give stre	et and number)	MEDKA	Cent	12 B	altimor		n/a	Death				
	Funeral Director		5. Sociel Security Number 383-07-0704 Usuel Residence of Decedent		n yrs. last birth	Months		nder 24 Hrs. ours Min.	8. Dete of Bia (Month, Da Feoruar	th (23, 1910). Birthplece (State or Foreign Country) Virginia				
	ter death with the Maryland frems 23a or 28a-f show iner must be notified at	Director	10m. State 10b. County Maryland Baltimore		Cc. City, Town	or Location	ity			10d. Inside City Limita 1 ☐ Yes 2 ☑ Igo					
	23a or 2		10e. Street end Number 169 Frederick Road			10f. Zij	21043			10g. Citizen of What Country? USA					
020	# 8 E	by Funeral	XXXever Merried 2 Merried	Was Decedent Eve Armed Forces? 1 ☐ Yes 2 ☑ No if Yes, Give Yeer or Detes:	or in U,S.	13. Wes Dece if Yea, spe 1 ☐ Yes		ic Origin? (S exican, Puert ecify:	pecify Yea or No Rican, etc.)		American Indien, White, etc. White				
Maryland 21215-0020	within 72 ane. than "nat	Completed	15. Decedant's Education (Specify only highest grade control of the Elamantery/Secondary (0-12)	on ompleted) Coilage (1-4or 5+)		ecedent's Usu Give kind of wo ife. DO NOT u	rk done during	most of wor	king	16b. Kind of Business/Industry					
land	be filed htal Hyg d other event,	To Be Co	17. Father'a Neme (First, Middle, Last) Arthur J. N	Manning			18. F		ne (First, Middle abeth Pa	, Meiden Sumeme)					
	d 2 sh th and 7 is m traum		19e. informent's Neme/Relationship (Type, Ms. LaWanda Krause/r	Print) neice	19b. F	Meiling Address Frede	S (Street end A rick Ro	bad, E	ral Route Numb 11icott	er, City or Town, St. City, Ma	ryland 21043				
	Pages nent of int: If its		20a. Method of Disposition 1 Buriai 2	aval from Ctate	20b. Pieca of E cemetery, Baltimor	crematory or o	ther piece)	matory	Dete 9-15-96		- City or Town, State urel, Maryland				
Bal	Departition Depart		21. Signature of Funeral Service Licensee 22. Name and Address of Facility Slack Funeral Home, P.A. MO0535 Ellicott City, Maryland 21043 23. Part1. Enter the disease, or complications that caused the desth. Do not enter the mode of dying, such as cardisc or raspiratory arrest, interval Batwo Onset and Co												
(Physician /Medical Examiner		immediate Csuse (Finei disease or condition resulting in death) a	LIV	er fa	erhen		ch es cardisc	or raspiratory a	rrest,	Approximata intarvsi Batween Onset end Deeth J. W.C.K. UNIV. M. M. M. M. M. M. M. M. M. M. M. M. M.				
Box 68760,	eath certificate be associated attending physician and for use as the burlai-transit	n/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	prester	e to (or ea e co	MCT nsequence of)	asta	nc c	ERNCE		unknster				
	# ## ##	Physician/N	Pert ii. Other significant conditions contrib	uting to death but n	ot rasulting in t	ha underlying o	ause given in	Pert i.			ibuts to the cause of death?				
Hecords, P	requires that been signed b should be deta	Stroke Arthritis							24e. Wes		24b. Were sutopsy findings sysilable prior to completion of cause of deeth?				
Vital R	at and		25. Wes case referred to medical						10		1 □ Yes 2 No				
ō	ling Phys After this funeral d	ation: To Be	examiner? 1 Yes 2 No Hosp	itei: 1 inpatient 28a. Dete of injury (Month, Dey Ye	2 ER/Outp 28b. Tir		Other	☐ Nursing H		dence 6 Other					
	2 8 8 6	Certification:	2 Could not be	28e. Pieca of injury building, etc. (5	- At homa, fem Specify)	, street, fector	y, office		28f. Location (City or To	Street and Number wn, Stete)	or Rural Route Number,				
	문문 교육	edicai	29s. Certifier (Check only one) Certifying Physicis 2 Medical Examiner:		aminetion end/										
	To the Authin To the comple	×	290. Signature and title of certifier **The Market P. K.	deline	R.	29	c. License num	7-8		29d. Dete eigned (Month, Dey, Year) AMSUST 14, 1896					
	Sta		30. Name and eddress of person who compile Rochelle Walensky 31. Date filed (Month, Dey, Year)		4940 E		tre Bai	timore	2 HD	21224					



Item31 See Item32 8-19-96 Filmg738 W.H.Per F/R Please Type or Print in Black indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

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					,	Certif	icate of	Death	R	eg. No.	0 2	4449			
r	Dhysis	an	1. Decedent's Neme (First, Middle, Li	ast)					2. Defe of Dee Month	th	Veer .	3. Time of Death			
	Physic /Medi		PAUL	H. N	EALY				AUG.	15. 19	96	:45			
1	Exami	ner	4a. Facility Neme (If not Institution, git 3407 INGLESIDE	ve street and number) AVE.				4b. City, Town, or U BALTIM	ORE CITY		unty of Deeth N/A 9. Birthplace (State of Country) 10d. inside Country? S. A. Rece - American Indien, Bleck, White, etc. ectly: BLACK of Business/Industry meme) Dwn, State, Zip Code) 215 Ion - City or Town, State BALTO, MD. MD. 21213 Approximate Intervel Bet Onset and				
	Funeral Director		214-12-4373	Sex 7. Ag	ge (In yrs. las 82	M	Under 1 Yee lonths Deys		8. Dete of Birth (Month, Dey MAR . 0	Year) 1. 1914					
	and		Usuel Residence of Decedent 10e. Stete 10b. County		10c. City,	Town or Locati	on				10d.	inside City Limits			
	Meryl a-f sho	ctor	MARYLAND	N/A		BAL	TIMORE	CITY				1 Yes 2 No			
	th with the 23a or 28 are 28	Funeral Director	10e. Street end Number 3407 INGLESIDE A	Æ.			10f. Zip Code 2.	1215	1	10g. Citizen of Whet Country? U.S.A.					
020	within 72 hours efter death with the Menyand lene. Than "naturat", or Hems 23a or 28a-f show the Medical Examiner must be notified at	by	11. Meritel Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Armed Forces? 1 Yes 2 Yes, Give Yeer or Detes:			S Decedent of es, specify Cu Yes 2 X No	Hispenic Origin? (S ben, Mexican, Puert Specify:	pecify Yes or No- pecify Yes or No- pecify Yes or No-						
21215-0020	n 72 ho		15. Decedent's E (Specify only highest gr	ade completed)		16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired)						try			
212	d within glene. or then	Completed	Elementery/Secondery (0-12) 12TH	College (1-4or: N/A	5+)	T	AVERN (OWNER		BAR					
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yla	should be and Mentel marked or umatic eve	10	GEORGE NEALY				BESSIE CHOICE								
Maryland	d 2 is		19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) PAULA L. EASON- DAUGHTER 3407 INGLESTIDE AVE. BALTYO MD. 21215												
	item 27 i		20e. Method of Disposition	e. Method of Disposition 20b. Place of Disposition (Name of Dete 20c. Location - City or Town, State											
altimore,	0 % 2 = 2		1 ☐ Burial 2 🖾 Cremetion 3 ☐	1. 17. 10	996 B	א כיתוב	MD								
alti	교투원증 .		21. Signature of Funerei Service) Licensee 22. Neme end Address of Fecility												
m	Depa Impo any i		Phlian By	to VILLA	ne.As			SCRUGGS 1			0101	2			
			23e. Pert1. Enter the disease, or conshock, or heart fellure. List only	plications that call	the beath.	Do not enter the	he mode of dy	ring, such es cardied	or respiretory err	ORE, MD	, Ap	proximete			
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Box 68760,	5 0 0	in/Medical Examiner	Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest	b	Due to (or e	s e consequen	ice of):	for	Ture						
	death cer we ettendin ed for use	sicia	Pert II. Other significant conditions	contributing to death b	uf not resulting	ng in the unde	rlying cause g	iven in Pert i.	23b. Did to	obacco usa co	ntributs to the	e cause of death?			
P. 0	that the de ed by the e deteched i	Physician/							1 □ Y	es 2 No	3 Probabi	ły 4 ☐ Unknown			
Vital Records,	e lew requires thet the hes been signed by th ge 2 should be deteche	Completed by							24e. Wes e		comple	ble prior to letion of cause			
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/ita	ysicien: The s certificate director, par	Be	25. Wes case referred to medical examiner?	11					th (Check only or	ne)					
ō	Phys this ral di	120	1 ☐ Yes 2 ☑ No 27. Menner of Deeth	Hospitel: 1 Inpatie		VOutpetient Bb. Time of	OL DOA		ome 5 Resid						
O	P P	ation	1 MRNeturel 5 Pending 2 Accident Investigation	(Month, De	y Year)	Injury	28c. Inj W M 1[ork? ☐ Yes 2 ☐ No	20d. Describe II	ow injury occur	190				
Division	frech frech frech n by	Certification:	3 Suicide 6 Could not to determine determined	286. Plece of in	jury - At home c. (Specify)	e, ferm, sfreet,	fectory, office		281. Location (S City or Tow		per or Rural Ro	oute Number,			
	To the Hospital or within 24 hours efter To the Funeral Dir completely filled in	edicai (29e. Certifier 1 Certifying Pl (Check only one) 2 Medical Exa	nysician: To the best minar: On the basis o end manner of	f exeminetion	edge, deeth oc n end/or invest	curred et the igetion, in my	time, dete end plece opinion, deeth occu	, end due to the c rred et the time, d	euse(s) and me ete and piece,	end due to the	d. e cause(s)			
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	1.3		Andrew	Mrowi	ec		BM	4665	909	8/1	6/96				
	4-Y		30. Name and eddress of person who	completed cause of o	leeth (Item 2	3e) (Type, Prir	nt) ST.	Edward	Farm'y	neal	th Ce	nter			
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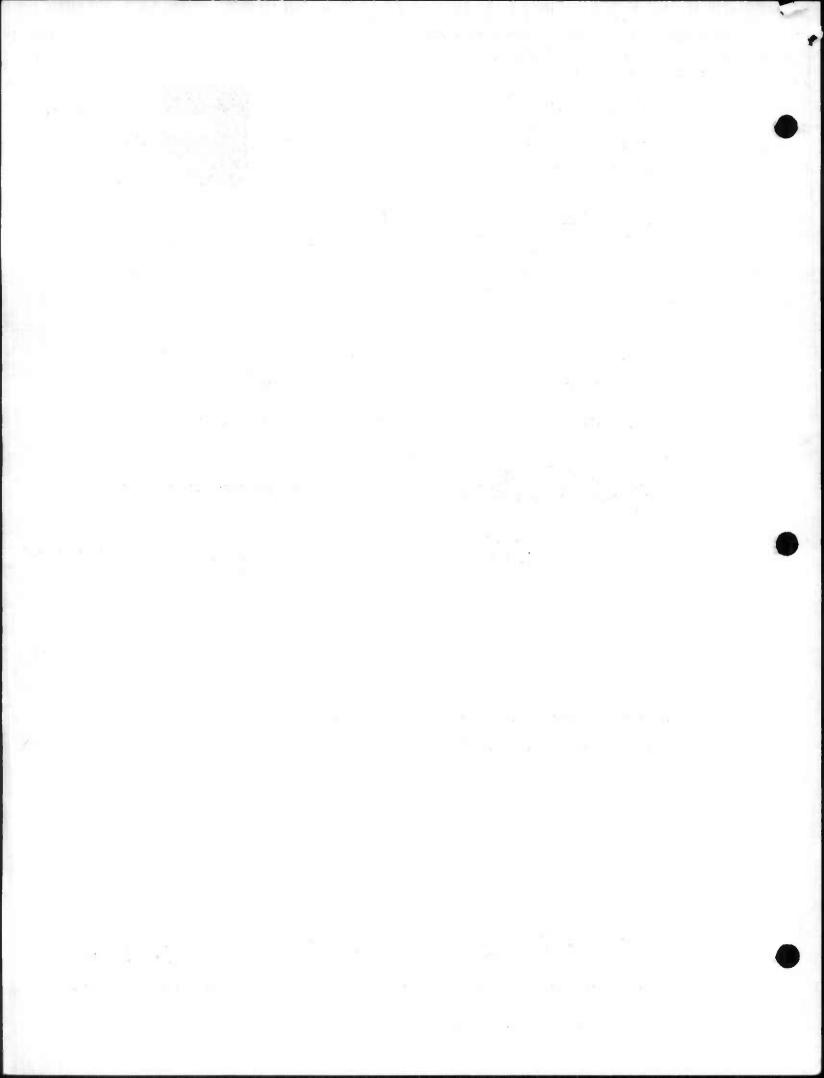
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State of Maryland / Department of Health and Mental Hygiene

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						mar y rair		rtificate				Reg. No.		24400
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	/Medi		-	ward Pol							Aug. 17	-		11:00 pm
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L					Nursing			Milandar 4 N		edale			timore	
	Funeral Director	N	5. Social Security No. 235–40–3	564	Sex 7	70 Age (in yrs.	Yrs.	Months D	ays Hours	Min.	8. Data of Birt (Month, Day March13			ea (State or Foreign irginia
	pu *-		Usuai Rasidanca of 10e. Steta	10b. County		10c, Cit	y, Town or Lo	ocation					10d	I. inside City Limits
	4 sho	ō	Md.	Baltim	ore		Dund							1 ☐ Yes 2 No
	with the	Funeral Director	10e. Street and Num	nber	Point Re	d.		10f. Zlp Co	da 21222			10g. Citizan of What Country?		
	eath re 23	eral	11. Meritai Stetus						of Hierania C	tricin? (Cno.	alfu Von or No	14 Box	a - American	Indian
21215-0020	2 should be filed within 72 hours efter death with the Meryland and Mental Hygiene. Is marked other than "natural", or items 23s or 28s-f show aumetic event, the Medical Examinator must be merited.	by		ad 2 Married	1 ☑ Yas 2	as: 1946		If Yes, specify	dant of Hispanic Origin? (Specify Yes or North Cuben, Maxican, Puarto Rican, atc.) 2 No Specify:			Specify		
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2	led w hygier her th		7 yrs.	Cina Middle Con			ь	aborer	1		Steelwo			
Maryland	ould be fi Mental H arked of	To Be		n Isaac					18. MOI	18. Mother's Nama (First, Middla, Maldan Surname) Ivy May Poling				
Baltimore, Mar	1 and 2 sh Heelth and em 27 is m ither traum		19e. Informant's Na Harry			(Streat and Number or Rural Route Number, City or Town, State, Zip Code) e Rd. Dundalk Md. 21222					ode)			
	permit. Pages 1 and 2 should be filed within 72 ho Department of Heelth and Mental Hygiena. Important: If Item 27 is marked other than "netur any injury or other traumatic event, the Medical once.				Removal from St	ata Oal	Plece of Disponence of Dispone	natory or other	of r piace)		Data 8-20	Baltin		i, Stata
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ш	205 2 9			Ablue 2	nice	X					nt Rd.		ALIX	
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	the at thed fo	/sici	Part II. Other eignific	cant conditions	contributing to deal	th but not resu	ulting in tha u	ndariying caus	a givan in Per	ti.	23b. Did t	obacco usa co	ntributs to th	hs causs of death?
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on	ding Ph th. After th funeral	tior	1 Natural 2 Accidant	5 Panding Invastigatio	(Month,	Dey Year)	Injury	М	Injury at Work?			,,		
Division	or Attending Physician: after death. Director: After this cartific d in by the funeral director,	Certification:	3 Suicide 4 Homicida	6 Could not be datermined	a 28e. Pleca of	f Injury - At ho , atc. (Specify	oma, farm, str	eat, factory, of	fica	2 UNo 28f. Location (Straat and Number or Rural Routa Number City or Town, Stete)				
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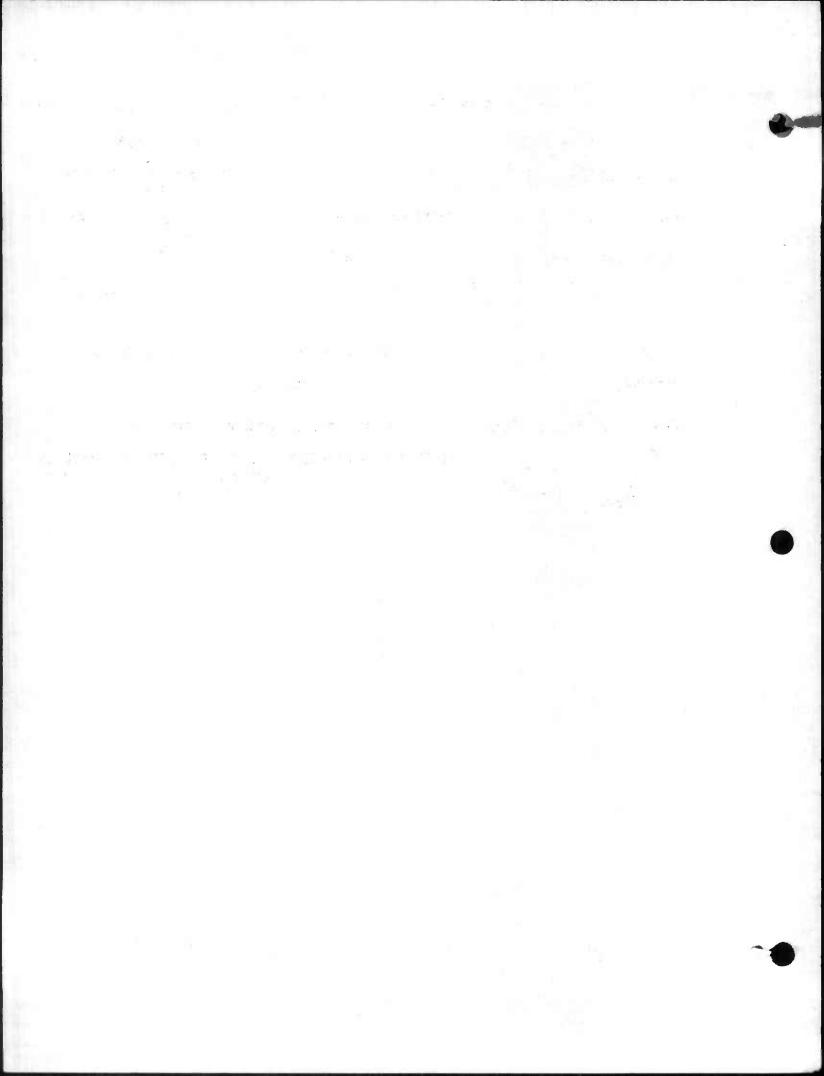
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	Exami	ner	4e. Facility Nama (If not Institution, give	NATIS	LOSPIT		BALTIM	or Location of Deeth	y 1	N/A	
L	Funeral Director		Social Security Number 228-26-2138 Usual Rasidance of Decedent	ax X 7. Aga □ M 2000 F	(In yrs. last birtho	Months D		in. B. Dete of Birt (Month, Da	y, Year) 1 1923	9. Birthpla Country V i rg	ca (Stata or Foreig V) Inia
	h the Maryland r 28a-f show	ctor	Md . 10b. County		10c. City, Town o	or Location ore, City				100	1. tnside City Limit: MXYas 2 ☐ No
20	72 hours efter death with the nature!; or items 23a or 28a Acal Examiner must be not	by Funeral Director	10e. Street and Number 422 Cummings Ct. 11. Marital Status 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Was Decedent E Armed Forcas? 1 ∐ Yas 2 ☑No If Yas, Giva	ver In U,S.	10f. Zip Cod 2120 13. Was Decedent If Yas, specify (of Hispanic Origin? Cuban, Maxican, Pu	(Specify Yas or No- larto Rican, atc.)	U.S.A 14. Rsc Bla Specific	ce - Americar ck, Whita, at	n Indisn,
21215-0020	within ene.	Completed b	15. Decedant's Ed (Specify only highest grades) Elementary/Secondary (0-12)	Year or Datas: ucation da complated) Coilega (1-4or 5+) (G	ecedant's Usual O Give kind of work di fa. DO NOT usa re estic Eng	one during most of stired)	working	16b. Kind of B	usinass/indu	
Maryland	should be filed of Mental Hygis marked other imatic event, ti	To Be C	17. Father's Neme (First, Middle, Last) JACK PERRY		1		18. Mothar's	Nama (First, Middla, THA BOYD	Maiden Suman	ne)	
Baltimore, Mary	s 1 and 2 shaft Health and Item 27 is mother traum		19a. Informant's Name/Ratationship (7 Virginia Robinson 20a. Mathod of Disposition 1 € Deuriat 2 □ Cramation 3 □ 4 □ Donation 5 □ Other (Specify	/ Sister Ramovel from Stata	422 20b. Ptaca of D cemetary,	Cumming isposition (Nama of cramatory or other I STAR CE	s Ct. Bal f _{place)} METERY	timore, Nobel Balance	Maryland 20c. Location BALTIMO	City or Town	1 n, Steta ARYLAND
Bal	permit. Pege Department of Important: If any injury or once.		21. Signature of Funeral Sarvice Licent	g. Clo	re		1	VILLIAM C. 1206 W. NO	ORTH AVE	ENUE	
1	Physician /Medicai Examiner		23a. Part1. Énter the disease, or comp shock, or heart failura. List only of Immediata Causa (Finat diseasa or condition resulting in death)	a. Co		IVE H		FAILUR		i h	Approximate nieval Between Onset and Death
ox 68760,	leath certificate be executed attending physician and dror use as the burial-transit	VMedical Examiner	Sequantially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or injury that infiated events resulting in daeth) Lest	ь. <u>S</u>	EPSIS Dua to (or as a con	nsequance of):	vic Ri	ENAL FA	ILURE	*	1 day
, P.O. Box	that the c ed by the detached	y Physician/M	Part It. Other significant conditions co	ntributing to death but	not resulting In th	na underlying cause	a given in Part I.		obacco uss co Yes 2 No		he cause of death
Records,	e law requires that has been signed je 2 should be del	Completed by	MULTI INFA	RCT DE	MENTI	4			an autopsy rmed?	avail	a sutopsy findings able prior to pletion of cause isth?
of Vital R	Physician: The la this certificate he ral director, page	Be	25. Was case rafarred to medicat axeminar?	Hospital:			Other	Death (Check only o	na)	10	Yas 2 No
Division of	tending Phi leath. lor: After thi the funeral	Certification: To	27. Mennar of Death 1 Naturat 2 Aocidant 3 Sulcida 4 Homlcida	28a. Data of tnjury (Month, Day	Year) 28b. Tim tnju	e of 28c.	Injury at Work? 1 Yas 2 No	g Home 5 Residence 1 28d. Dascribe It 28f. Location (5 City or Tow	now Injury occur	rred	Route Number,
	To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by	Medicai (29a. Certifier (Check only one) 1☐ Certifying Phy 2☐ Medical Exam 29b. Signature end titta pf cartifiar	sician: To the best of ther: On the basis of a end manner state	xamination and/o	or investigetion, in r	a tima, data and pi ny opinion, daath o cansa number	ccurred at tha tima,	causa(s) and madata and place,	and due to ti	ha cause(s)
	o Twit		De Dani	-	MD	P	0 936				1996.

State Registrar

31. Data filed (Month, Day, Year) AUG 1 9 1996

30. Nama and addrass of person who comptated causa of daath (item 23e) (Type, Print)

UMA RANI, GOOD SAMARITAN P. Registrar's Signatur



DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPIAL OR ATTENDIAG PHYSICIAN: The law requires that the death certificate be executed with mount after death. Page 6 may be retained by the hospital or attending physician.

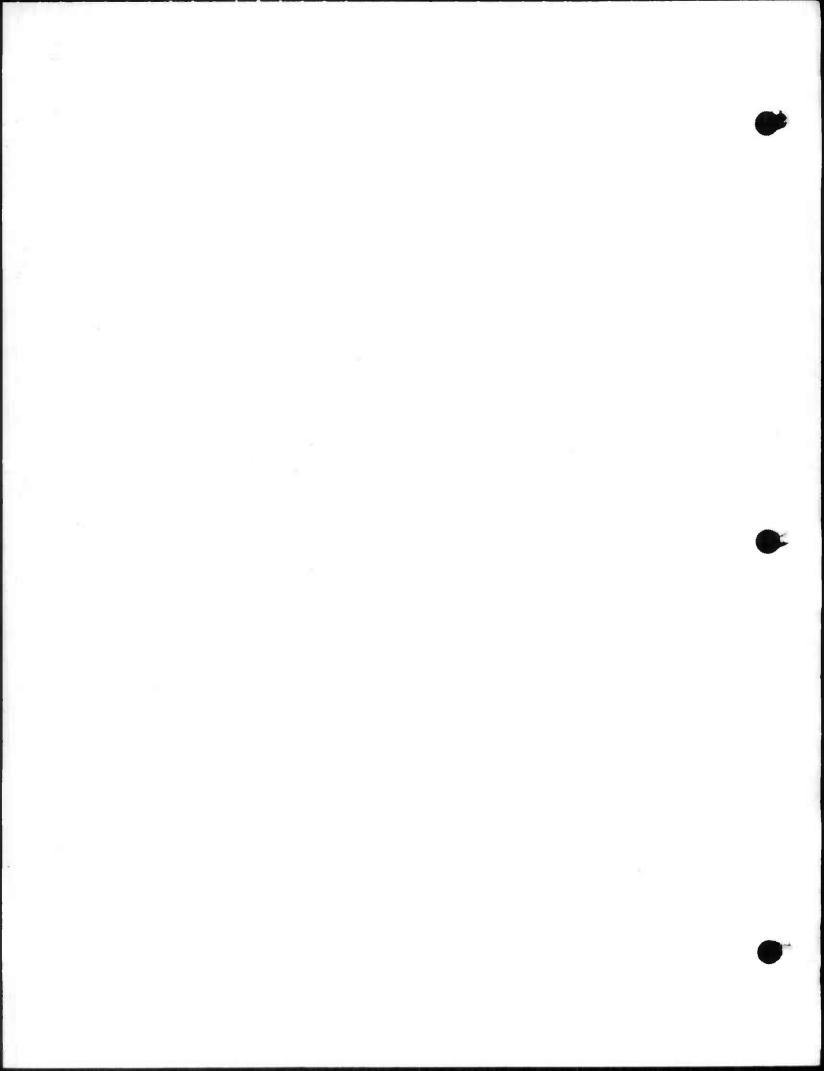
THE BLOCK CHECKED Airs this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be found that the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal.

IMPORTANCE II them 28 is married, or frem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

		_				OTTIL	. 0.	DEA	111		HEG. NO.	•		
!	1. DECEDENT'S NAME (First,	, Middle, Last)	PLA	SAJ						2. DATE	OF DEATH	75	96	3. TIME OF DEATH
	213-70		5. SEX	6. AGE (In yrs. ins		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE (Pay, Yearly	1	Country	PLACE (State or Foreign
	9a. FACILITY NAME (If not in	estitution, give si	Ireet and number)			9b. CITY		R LOCATI		EATH		9c. COU	NTY OF DE	HTA
DIRECTOR	LETTERY RESIDENCE OF DEC		PANKF	ORD			13	BU	114	ORE			Bal	timore
E I	10a. STATE	10b. COUNTY	′		10c, CITY	, TOWN O	R LOCAT	ION						10d. INSIDE CITY
E	MD	Ba	altimore		В	alti	more	2					i	LIMITS?
FUNERAL	104. STREET AND NUMBER 523 G1		on C+				101	ZIP COO						HAT COUNTRY?
NE	11. MARITAL STATUS	.00065							220				SA	
	1 Never Married 2	Married	12. WAS DECEDENT FORCES? 1	YES 2 N	O	ı	yes, sp	ecify Cuba	n, Mexica	n. Puerto R	(Specify Yes lcan, etc.)	or No-	14. RACE Black,	- American Indian, White, atc.
BY	3 Widowed 4 Divo	rced	IF YES, GIVE W	AR OR DATES		1	☐ YES	2 NO	Specify	y:			Specifi	white
	15. DEC (Specify only	EDENT'S EDUC y highest grade	CATION completed)	(G/	CEDENT'S I	ork done o	CUPATIO	DN at of workin	19	16b.	KIND OF BUS	SINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0	-12)	College (1-4 or 5 +	} ///0.	Do NOT use	e retired.)								
NO N	17. FATHER'S NAME (First, M	iddle, Last)			vster	ns Fo	ırni		HED'S NAI	ME (Flor) M	iddle, Malden	Furni	ture	
BEC	Mark A. P	lasaj						10. 110.			a Mar			
0	Ronald Plas			198	206 S	ADDRESS Sandl	(Street a	nd Number	or Rural F	Houte Number	or, City or Town	n, State, Zip		
	20a. METHOD OF DISPOSITI		ovel from State	20b. PLACE A	ND DATE O	FDISPOS	_			DATE			City or Tov	vn, Stata
	4 Donation 6 Dither	(Specify)		cemetery, crei	rdens	s of				<u>-119-9</u>	96 B	altin	nore.	MD.
- 1	21. SIGNAPORE OF FURENA	L BERVICE LIC	EMIEE)	100				h/Ros			neral	Home		
_	7	brio	4	ella	_		1211	Ches	saco	Ave.	Balt	imore	e. MD	21237
	23. PART I. Enter the di shock, or hi IMMEDIATE CAUSE (Fin disease or condition resulting in death)	Bart failure.	LIST ONLY ONE CAUS	se on aach line.									rest,	Approximata interval Between Onset and Dauth
		•	OUE TO	COR AS A CONSEC	UENCE OF	(B)	0 0		1					TONF
S O	Sequentially list conditi		D	OR AS A CONSEC			1/10	211	i					
CERTIFICATION	if any, leading to immed cause. Enter UNDERLY! CAUSE (Disesse or inju	NG				,.								i
	that initiated events resulting in death) LAS		DUE TO (OR AS A CONSEC	UENCE OF):								
H	resulting in death) EAS		d,											
- 11	PART II. Other significa	nt condition	s contributing to	death but not re	sulting in	the un	darlying	cause ç	jivan in I	Part I.	24a. WAS AN			WERE AUTOPSY FINDINGS
MEDICAL	Chemis	4,0	m 20	None	بن	for	d	ore		_	1 YES 2			AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
¥	deuliti	- (F	-	to pens						_				1 YES 2 NO
Ä	DID TOBACCO U		RIBUTE TO CAL					UNC	ERTAIN	1 2				
PHYSICIAN:	EXAMINER?	MEDICAL	HOSPITAL:		OF DEATH	QTHER	:							
Ĕ	27. MANNER OF DEATH		1 Inpetient 2 28a. DATE OF I	INJURY	28b. TIME	OF	28c. INJI	JRY AT	aldence	6 Other	(Specify)	JURY OCC	CURED	
BY P		Pending Investigation	(Month, Da	ly, Year)	INJU	M	1 Y	RK? ES 2) NO					
	3 Suicida 8 🔲	Could not be	26a. PLACE OF building, a	INJURY — At hor	ne, farm, st	raet, facto	ry, office)		281. LOCA	TION (Street a Town, State)	nd Number	or Rural Ro	oute Number,
Ë.		determined								ony or	Jown, Gilley			
COMPLETED			CIAN: To the best of a											and menner as stated.
	29b. SIGNATURE AND TITLE			1 H	7				NSE NUM					Month, Day, Year)
8	Jona	THR	m	(MA	5 1	MD		6	141	22	1	> <	3/15	796
임	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH (ITEM							1		()h	NUES MILLS
	31. DATE FILEO (Month, Day,	BAN C	32. REGISTRAF	MD,	21	CRO	SSR	0003	0	RIVE	林	330	NO	21117
	AUG 16	1996		widson-R	notable									11
	MUITIO	NO.	0					-						





State of Maryland / Department of Health and Mental Hygiene 96

96 24453

						Cei	rtificate of	Death	R	eg. No.	0 2	4400
Г	Physic	ian	Decedent's Neme (First, N			DOGG	TOT T		2. Dete of Dee Month AUGUS		1996	3. Time of Death
	/Medi	ical	JOSEPH	LOUIS		POGC	GIOLI	Ab Other Town and				5:05 A.M
	Exami	ner	4e. Facility Neme (If not instit	CONTRACTOR OF THE PARTY OF THE	i number)			4b. City, Town, or L			y of Death	200
			1917 CLEARWO 5. Sociel Security Number	6. Sex	7 Ace //n s	rs. last birthdey)	If Under 1 Year	PARKVII.			ALTIMO	
	Funeral Director	Г	216-20-3009 Usuel Residence of Deceden	1 ½ M 2□	F 7. Age (#/)		Months Deys		8. Dete of Birth (Month, Day 4/11/2	, Year) 26	MARY	elece (State or Foreign NEAND
	fand m		10a. Stete 10b. Col		10c.	City, Town or Lo	cation				10d. Inside City Limits	
	Mary Fed sh	to	MARYLAND BA	LTIMORE		PARKV	ILLE					1 ☐ Yes 20XNo
	or 28	l'rec	10e. Street and Number				10f. Zip Code		1	0g. Citizen of	Whet Coun	itry?
	th wi	ai	1917 CLEARWO	OD ROAD			2123	34		Ţ	JSA	
21215-0020	be filed within 72 hours effer deeth with the Maryland stal thyglene. Ide thyglene. Ide defer than "natural", or flams 23a or 28a-f show event, the Medical Examinet must be motified at	by Funeral Director	11. Meritel Stetus 1 □ Never Merried 2 □ Divor	Merried 1X1Y	Decedent Ever lid Forces? es 2 No , Give or Detes: W		Wea Decedent of if Yes, specify Cub 1 ☐ Yes 2]© No	Hispenic Origin? (Sp ben, Mexican, Puerto Specify:	pecify Yes or No- Rican, etc.)	14. Re Ble Speci		
5-0	72 ho	Completed	15. Dece	dent's Education ghest grade complet	(ad)	16e. Dece	dent's Uauel Occu	ipetion	ring	16b. Kind of I		
2	ithin New New New New New New New New New New	nple	Elementery/Secondery (0-1		ge (1-4or 5+)			a during most of work ed)	ung.			
	filed with Hygiene. offer than		12th GRADE 17. Fether's Neme (First, Mid	ido (ant)		PLU	MBER	40 Mathada Nam	a delina haidala	M. NEI		ARNES
and	S d a S	Be	JOSEPH POGG	33.				18. Mother's Nem		weldan Suma	ma)	
Maryland	should be and Mental is marked o	မ	19e. tnforment's Neme/Relet			19h Meillr	no Address /Stree	et and Number or Rui		r City or Tow	n State Zin	Code)
N N	PELE		MYRA M. POGG		WIFE			OD ROAD			2123	
ē,	of Heelth of Heelth I frem 27 r other tr		20a. Method of Disposition			b. Plece of Dispo	sition (Nama of natory or other pla	ana l	Dete	20c. Location	- City or To	wn, Stata
E	0 - 7		1 ☐ Burial 2 ☐ Cremeti 4 ☐ Donetlon 5 ☐ Othe		om Stete		EMATORY,		/16/96	CATONS	SVILLE	, MD
Baltimore,	permit. Pag Department Important: I any injury o		21. Signeture of Funerel Sen	vice Licensee	11		Name and Addr OHNSON B		ME			
m	88 E 8		Christin	in L	Konon	who is	3521 LOCE	H RAVEN BI		WSON, I	MD 21	1286
·	Physician		23a. Pert1. Enter the disease shock, or heart feilure.	e, or complications the List only one ceuse	net caused the don each line.	outh. Do not ent	er the mode of dy	ing, such es cardiec	or reapiretory err	rest,		Approximate Interval Between Onset end Deeth
	/Medical ^e Examiner		Immediate Cause (Final disease or condition resulting in death)	еС	Due to	o (or es a consec	uluna quence of:	neng	Ame	ut	^	0
	be sit	Examiner		b	2m	um	ed	Pulm	ander	- Eu	mbo	Mus
	tificate be executed g physician and es the buriel-transit	xan	Sequentially list conditions, if any, leading to immediate		Due to	o (or es a consec	juence of):	0	1 0	(00	^	nces
68760,	sician burie		Sequentielly list conditions, if any, leeding to Immediate cause. Enter Underlying Couse (Disease or Injury that initiated events	c	Mex	and	the	Ken	al C		(0)	ncer
687	tificate ig phy es the	edical	resulting in death) Lest		Due to	o (or es e conseq	uence of):					
Box		2		d								
	death e atte	Physician/M	Pert II. Other significant con-	ditions contributing t	o death but not	resulting In the u	nderlying cause g	iven In Pert t.	23b. Did to	obacco use c	oparioute to	the cause of death
P.0	requires that the de seen signed by the a should be detached	Phys		-					1 U Y	es 2000	3 Prot	bably 4 Unknow
	9 50	b	-									
Records,	v require been si should i	ted							24a. Was a perfor		ava	ere autopsy findings alleble prior to
Sec	2 s	Completed								/	of	mpletion of cause deeth?
E	The L	Co							1 □ Y	es 2 No	10	Yes 20 No
Vital	Physician: The this certificate ral director, pag	Be	25. Was case referred to med examiner?	dical Hospitel:			0	26. Place of Deel	th (Check only or			
o	this aldi	: To	1 Yes No	1	☐ Inpatient 2 ete of Injury	28b. Time of	it 3LI DOA	4 □ Nursing H	28d. Describe h	ence 6 00		r)
	fre when	tion	1 DNetural 5 □ Pe		Month, Day Year	injury	Wo	ork?]Yes 2□No	200. 0000100111	ow injury occu	irred	
Division	i or Attending efter death. Director: After d in by the fune	fica	3 ☐ Suicide 6 ☐ Co	uld not be 28e. P	lece of Injury - A	at home, ferm, str	eet, fectory, office		28f. Location (S	treet and Nun	ber or Rura	I Route Number,
á	三年	Certification:	4 Homicide	bi	uilding, etc. (Spe	ecify)			City or Tow	n, Stata)		
1	hopra noeral		29a. Certifier 1 Carti	fying Physician: To	the best of my i	knowledge, deeth	occurred et the t	ime, dete end plece,	and due to the c	ause(s) and n	nanner as si	lated.
1	To the Fu	ledical	1 1	//	nanphipatates.	netion end/or in		opinion, deeth occur				
	1 5 E	Σ	29b. Signature and title of ork	106/	V 1/	1/1/1	29c. Licen	ise number	0 2	9d. Date son	ed (Month)	Day, Year)
þ.		į	, 87 >	1000	WIN	100	D	2476	7	8	14/	66
5	1+1		30. Name and actives to per	son who completeed	ause of death (llem 23a) (Type,		C. 1	7	7	100	, MA
	11		A. SHORD	PET.	715	-HR	MOUNT	SVITE	>20	(0)	N201	Urly

State Registrar State of Maryland / Department of Health and Mental Hygiene 96 24454

						Ce	rtificate	of .	Death			Reg. No.		- 4404
	Physic	ian	Decedant'a Name (First, Middla, I	.ast)							2. Date of D	eath Day	Year	3. Time of Death
J	/Med		Esther	E.	Pay	pp					August	16	1996	11:30 am.
9	Exami	ner	4a. Facility Nama (If not institution, g)			4	4b. City, To	own, or L	ocation of Dea		inty of Death	
L			3111 Churchy				N 13 de la 1		Churc				arford	
	Funeral Director		5. Social Sacurity Number 6. 214–18–6948 Usual Residence of Dacedent	Sex 1 ☐ M 2 🛣 F	ge (In yrs. last b	Yrs.	Months D	ays	If Under Hours	Min.	8. Data of B (Month, D July 7	irth Dey, Year) , 1920	Cou	piace (Steta or Foreign intry) yland
	land m		10a. State 10b. County		10c. City, Tox	wn or Lo	cation							10d. Inside City Limits
	the Mary 28a-1 sh	Director	Md. Baltimo	re	Owi	ngs	Mills							1 ☐ Yes 2 ☐ No
	23a or		10e. Street and Number 31 Bradbury	Road			10f. Zip Co					10g. Citizen	of What Cou	ntry?
020	within 72 hours after death with the Maryland iena. "natural", or items 23a or 28e-f show the Medical Examiner mant to notified at	by Funeral	11. Maritai Status 1 ☐ Navar Married 2 ☐ Married 3 🗽 Widowad 4 ☐ Divorced	12. Was Decedan Armed Forces 1 Yes 2 It Yes, Give Year or Datas:	?		Was Deceden It Yas, specify 1□ Yas 2页	Cube	lispanic Or an, Maxica Specify:	n, Puerto	pecify Yes or N Rican, atc.)		Race - Amari Black, White Bootty: Wh	
Maryland 21215-0020	C * 61	Completed	15. Decedent's (Specify only highest g	rede completed)		Give	dent's Usual C kind of work of DO NOT use r	ccup fone o	ation during mos	t of work	ring	16b. Kind o	t Business/Ir	ndustry
212	filed within Hygiena. wher than "	E O	Elemantary/Secondary (0-12)	College (1-4or	5+)		perato		-/			me.	Lephon	
p	高大	BeC	17. Fathar's Nama (First, Middle, Las	ot)			peraoc		18. Moth	er'a Nam	a (First, Middle	a, Malden Sun		6
lar	0 0 0 0	ToB	William (Coulling					1	Ella	Cather	ine Po	wers	
ary	S D E	-	19a. Intormant's Name/Relationship	(Type, Print)	19	b. Mailir	ng Address (S	treet	end Numb	er or Rui	ral Routa Num	ber, City or To	wn, Stete, Zi	p Code)
			Teresa Ann S	chless		200	Oak St		Stev	ensv	ville.	Md. 216	566	
ore	of Heall Item 2		20a. Method of Disposition		20b. Place	of Dispo	sition (Neme	of		T	Date		on - City or T	own, State
Ĕ	Page nett o int: If iry or		1 M Burial 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Space							ig.	19, 199	6 Syke	sville	. Md.
Baltimore,	permit. Pages 1 an Department of Heal Important: If Item 2 any Injury or other stitle.		21. Signature of Supplies Survivo Live	The A	_	22	Name and A				Chapel			21117
c 68760,	certificete be axecuted ding physician and se as the burial-transit	/Medical Examiner	Sequantially list conditions, if any, leading to immadiate ceuse. Enter Underlying Causa (Disaase or injury that initiated events resulting in death) Last		Due to (or as a CSTIVE Due to (or as a	conseq	uence ot):		Fail	uve)			
Box		Physiclan/	Part II. Other significant conditions	d	out not resulting	In the ur	darlying caus	o cinu	an in Part I		23h Did	I tobacco use	contribute t	o the cause of death?
0.	that the death ed by the atte detached for	Phys					,,	- g	on my and			Y00 2 N		bably 4 Unknown
	be del	by	- osleomyelll.)										
Records,	aw requires to seen so 2 should	Completed	osteomyeliti	et disea	E							s an autopsy ormed?	av	are autopsy tindings railabla prior to mplation of ceuse daath?
	The late he	Com									10	Yes 2 19 No	11	☐Yes 2☐No
Vital	certificate	Be (25. Was case referred to medicel examiner?						26. Place	of Daat	h (Check only	one)		
7	Physic of this of all dire	70	1 Yes 2 No	Hospital: 1 ☐ Inpati	ent 2 ER/O	utpatien	t 3□ DOA	Othe	er: 4 🗆 Nu	ırsing Ho	ma 5 Aes	idence 6 🗆	Othar (Specia	(v)
Division of	Attending Physician: or death. octor: After this certific by the funeral director,	atlon:	27. Manner of Death 1 Natural 5 Pending 2 Accident investigation	28a. Date of Inju (Month, Da	y Year) 28b.	Time of Injury	28c.	Injury Work	/at <br Yes 2□		28d. Describe	how Injury oc	curred	
Divis	E Date	Certification:	3 Suicide 6 Could not l determined	28e. Place of In	ury - At home, fa c. (Specify)	arm, stre	et, factory, of	fice				(Streat and Nu wn, Stete)	mber or Run	al Routa Number,
	To the Hospital within 24 hours of To the Funeral Completaly filled	edical	29a. Certifier (Check only one) 1 ☐ CertifyIng Pl	hysician: To the best miner: On the basis o and manner st	t exa <i>m</i> ination an	e, death id/or inv	occurred at the	ne tim	e, date an pinion, daa	d place, th occurr	and due to the red at the tima,	cause(s) and data and place	manner as s	stated. the cause(s)
	To the within 2 To the comple	Me	29b. Signature and title of certifier	1 1/ 1			29c. Li	cansa	number			29d. Date sig	nad (Month,	Day, Year)
	M		> Clarg &	Halrer	MI		D2	-Y	866	,		19 A	VEUST	+96
	10		30. Nama and address of person who	complated ceuse of c	en (tam 23a)	(Type, I	Print)	2	eure	YST	OWN	MO	2115	36
ľ	Sta Registr	-	31. Date filed (Month, Day, Year) AUG 1 9 1996	1 3 Day	aris significant	2			·	•				

44. 31.44 TALL OF RESPONDENCE OF THE STREET PROJECT OF THE STREET The part of the last of the second of the girst Seed Seem that the

State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3 Time of Deeth August 17 **Physician** 1996 James William Ouirk 6:30 AM. /Medical 4e. Fecility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** South Lehigh Street 405 Colei Security Number 6. Sex 7. If Under 1 Yeer Birthplece (State or Foreign Country) Age (In yrs. lest birthdey) **Funeral** 1□ M 2□ F Months Deys Vrs Director 219-26-7320 Usual Residence of Decedent 58 April 12 1938 Maryland Pages 1 and 2 should be filed within 72 hours after death with the Maryland nent of Health and Mental Hygiene. nt: if item 27 is marked other than "natural", or hems 23s or 28s-f show 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits r 28a-f show 1 ☐ Yes 2 ☐ No Director Maryland NA Baltimore 10e. Street end Number 10g. Citizen of Whet Country? 10f. Zip Code item 27 is marked other than "natural", or items 23s or other traumatic event, the Modical Examiner must be nother traumatics. South Lehigh Street 405 21224 U.S.A. Funeral 12. Wes Decedent Ever In U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 11. Meritel Stetus 1 ☑ Yes 2 ☐ No If Yes, Give Yeer or Detes: 1 ☐ Never Married 21 Married Baltimore, Maryland 21215-0020 1□ Yes 2☐ No Specify: White þ 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent'e Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 10 NA Assembler Office Furniture Factory 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Be 2 Unknown 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mary Quirk (Wife) South Lehigh Street 405 Balt., MD. 21224 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, crematory or other plece) 20c. Location - City or Town, State Dete permit. Pages
Department of
Important: if it
any injury or o 1 ☐ Buriai 2 ☑ Cremetion 3 ☐ Removei from State 4 ☐ Donetlon 5 ☐ Other (Specify) August 20 Baltimore, Maryland Greenmount 21. Sloneture of Funerei Service:License 22. Name end Address of Facility W. Dabrowski / Chojnacki F.H. P.A. 23a Pert1. Enter the disease, or complications that caused the deeth. Do not enter shock, or heart feilure. List only one cause on such line. 1005 Dundalk Ave. Balt., MD. 21224 enter the mode of dying, such as cardiac or respiratory strest, Approximate Interval Between interval Between Onset and Deeth **Physician** fmmediete Cause (Finel disesse or condition resulting In death) /Medical Care 1 MONIR Examiner Due to (or as a consequence of) Examiner physician and s the buriel-trans Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In deeth) Last Due to (or es e consequence of) that the death certificate be exec Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): signed by the attending to be detached for use as Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contribute to the cause of death? Yee 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? 24e. Wes an sutopsy performed? Completed peed has certificata 1 ☐ Yes 2 ☑ No 1 Yes No Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifici funeral director, 25. Wes case referred to medical examiner? Be 26. Piece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 X Residence 6 Other (Specify) 10 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Deeth Certification: 28e. Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending Investigation Netural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) completely filled in by 4 Homicide To the Hospital within 24 hours a 15 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the cause(s) and mannar as stated.
2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and mannar stated. 29e. Certifier Medical 29b. Signeture end title el certifier 29c. License number 29d. Dete eigned (Month, Day, Year)

State Registrar Michael

30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print)

ACT TO SEE A SECTION AS A SECTION AS 76 AWG 205 125 CH 136 E 2 region of the first part of the second of th

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 24456

					Cer	tificate of	Death		Reg. No.		4400
	Physic /Medi		1. Decedent's Name (First, Middle, Last)	. QUI				2. Dete of De Month AUGUS	eeth Dev	Yeer 96	3. Time of Death 19:45
1	Exami	ner	4e. Facility Name (If not igstitution, give to ANNEARUDEL I		L CENTE		ANNAPO	LIS	ANNE	- AR	UNDEL
	Funeral Director		5. Sociel Security Number 6. Sec. 045 – 22 – 6227 Usuel Residence of Decedent	7. Age	(In yrs. last birthday) 65 Yrs.	Months Deys	Hours Min.	8. Dete of Bi (Month, Do Sept.	rth ey, Year) 11,1930	9. Birthp Coun New	place (State or Foreign http:/ YONK
	the Marylend 28a-f show notified at	ō	10e. Stete 10b. County Maryland Anne Arur	_	10c. City, Town or Loc Annapolis					1	0d, Inside City Limits
	with the sor 28a-	Direct	10e. Street end Number 1138 Cove Road	1401		10f. Zip Code 214(03		10g. Citizen of V	Whet Coun	itry?
020	within 72 hours efter death with the Marylend ena. han "netural", or items 23s or 28s-f show he Madical Evans or mat be notified at	by Funeral Director		12. Wes Decedent Ev Armed Forces? 1 XYes 2 No If Yes, Give Yeer or Dates: 1) If		Hispenic Origin? (Spe en, Mexican, Puerto	ecify Yes or No Rican, etc.)		e - Americ ck, White, v: Whit	etc.
21215-0020	in 72 hours eff	Completed	15. Decedent's Educ (Specify only highest grede	etion	16e, Deced	ant's Usuel Occur ind of work done	petion during most of worki	ng	16b. Kind of B	usiness/ind	yrteut
212	D 0 2	Omp	Elementary/Secondary (0-12)	College (1-4or 5+)	il Engi			Constr	uctio	on
Baltimore, Maryland	should be filed ad Mentel Hygie merked other metic event, III	To Be	17. Father's Name (First, Middle, Lest) Diego Quintero				18. Mother's Name Sarah B		n, Meiden Sumen	10)	
, Mar	1 and 2 should Heelth and Man am 27 is marke		19a. Informent's Name/Relationship (Tyj Meredith Quinn/Da				t end Number or Aura ad, Annapo			State, Zip	Code)
imore	Pages 1 en ment of Heel ant: If Itam 2 ury or other		20a. Method of Disposition 1 Burlel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	emovel from Stete	20b. Plece of Dispos cemetery, crem Metro Cre	etory or other ple		Dete /16/96	20c. Location - Baltimo		wn, Stete
Balt	pemit. Page Department of important: If any injury or once.	i.	21. Signeture of Funeral Service Louise	2 D.	22.		ess of Fecility gs Funeral untain Roa			4D 24	1.00
	Physician /Medicai Examiner	er	23a. Pert1. Enter the disease, or complications, or heart feilure. List only on Immediate Cause (Final disease or condition resulting in death)	CHROI	VIC LY	MPHO	ng, such es cerdiec o	r respiretory e	errest,		Approximate Interval Between Onset end Deeth
68760,	eeth certificate be executed attending physician end for use as the buriel-transit	Medical Examiner	Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In deeth) Lest		ue to (or es e consequ ue to (or es e consequ						
s, P.O. Box	requires that the deeth cer een signed by the attendir hould be detached for use	by Physician/	Pert II. Other significant conditions confi	ributing to deeth but	not resulting In the un	derlying cause gi	ven in Pert î.		tobacco use co		the cause of death?
Records,	2 s	Completed t	<u></u>					24e. Wes	en eutopsy ormed?	eve	ere autopsy findings eileble prior to mpletion of cause deeth?
al B	The ate h							10	Yes 20 No	10	Yes 2□ No
Z Z	ysician: The	To Be	25. Wes cese referred to medicel exeminer? 1 Yes 2 No	ospitel:	a C CD/Outration	3 DOOA OH	26. Plece of Deeth				
n of	ding Phys h. After this funeral d		27. Manner of Deeth 1 ☑ Neturel 5 ☐ Pending	28a. Dete of Injury (Month, Dey)		28c. Inju	4 Li Nursing Hor		how Injury occur	1-1-1-1	9
Division of Vital	tha tha	Certification:	2 Accident 3 Suicide 6 Could not be determined		- At home, farm, stre	M 1 🗆	Yes 2 No	28f. Location (City or To	Street end Numb wn, State)	er or Rure	l Route Number,
	Hospital 24 hours Funeral staly filled	edicai	29e. Certifier 1 Certifying Physi 2 Medicat Examina	clan: To the best of r er: On the basis of ex and menner stete	my knowledge, deeth keminetion and/or Inve d.	occurred et the the stigation, in my c	me, date and place, a opinion, deeth occurre	nd due to the	cause(s) and ma dete and place,	inner es st and due to	ated. the cause(s)
)	To the within 2 To the comple	Σ	29b. Signeture and title of certifier So hyany	nant	2/	29c. Licens	0 982	8	29d. Date signed		Dey, Year) 14.1996
			SO HYANG PAR	K. mo.	th (Item 23e) (Type, P	ty of	MARYL	AND	CANCE	RO	ENTER . 2120
	Sta Registr		31. Dete filed (Month, Dey, Yeer) AUG 1 9 1996	32. Registress	William American	SELVE	ST.	DATE	II-IUFE.	1010	. 21201

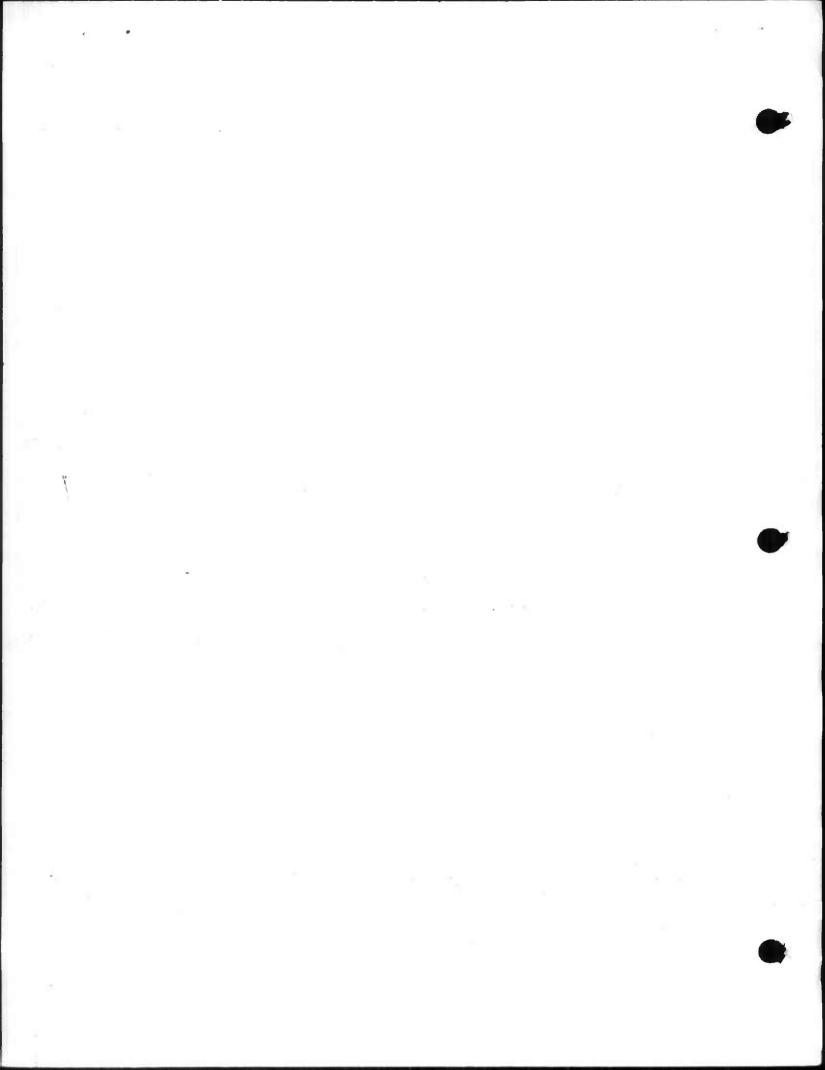
Harrist William Control of the Contr

DIVISION OF VITAL RECORDS, P.O. BOX 68760 WEBALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicia	
WBALT	nours after death.	
	1 54 h	
O.O. BOX 68760	n certificate be executed with	
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RECORD	equires that the	
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OF V	PHYSICIAN	-
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DIVISI	L OR ATTEN	-

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit.
IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE O	F DEATH	R	EG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) MYRTLE	-	410			2. DATE OF D MONTH AMCHIS	7 73	96	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 219-01-0372	1 🗆 M 2 💢 F	(In yrs. last birthday)	MONTHS DAYS	HOURS MIN,	7. DATE OF B (Morth, Pay	117-	Ma.	ryland			
DIRECTOR	90. FACILITY NAME (If not institution, give s Mercy Hospital RESIDENCE OF DECEDENT			Baltin	Or LOCATION OF D	EATH	90	N/A	EATH			
<u> </u>	10a. STATE 10b. COUNT	γ	10c, CITY	TOWN OR LOC	ATION	-			10d. INSIDE CITY			
	Maryland N/A			timore					LIMITS? 1.X YES 2 NO			
FUNERAL	1233 Riverside				21230		101	U.S.A				
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes,	ECENDENT OF HISPA specify Cuban, Mexica ES 2 NO Specif	in, Puarto Rican	ecify Yes or N , etc.)	14. RACE Black Specifi	- American Indian, Whita, atc. White			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Coffege (1-4 or 5 +)	16a. DECEDENT'S L (Give kind of we life. Do NOT use	SUAL OCCUPA ork done during in retired.)	TION most of working	16b. KINI	D OF BUSINES	SS/INDUSTRY				
MPL	5th 17. FATHER'S NAME (First, Middle, Last)	College (1-4 of 5+)	Cleanir	ng Pers	g Person Blaustein Building							
BE CC		lbert Miles			18. MOTHER'S NA	tha H						
9	19s. INFORMANT'S NAME (Type/Print)				t and Number or Rural		ity or Town, Sta	ite, Zip Code)				
F	Trudy Scalio		1233	Rivers:	ide Avenu	e Bal	timor	e, Mary	land 21230			
	20a. METHOD OF DISPOSITION 1 General 2 Cremation 3 Rem 4 Donation 5 C. Other (Specify)	tomoment G	PLACE AND DATE OF CITY OF OTH HAVET	F DISPOSITION (ial Park	8/17		Burnie	m, State , Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	1.	Georg	AND ADDRESS OF FA	ce Fune	ral H	ome P.A				
	Goma/	Sysmesou	skel	4001	Ritchie	Hwy. E	Baltim	ore, Md	. 21225			
	23. PART I. Enter the diseases, or shock, or heart fedure	complications that caused List only one cause on e	I the desth. Do no ech ilne.	ot enter the n	node of dying, suc	h aa cardlac	or reapirator	ry arreat,	Approximate interval Between			
	IMMEDIATE CAUSE (Finel disease or condition	Ellantia	A ===/A +	-8		- 0-	(Onset and Death			
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF	THAT DO	RI= W19	4-12	VERL	· ' ~ ~ .	6 YETHRS			
N	Sequentially list conditions. Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):											
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	DIAD 177	EDITIO AND RADINATION NIGOLARITE 12 VI								
FI	CAUSE (Disease or injury thet initieted events	DUE TO (OR AS A	CONSEQUENCE OF	. 4/1/	MANA	TUN	NON	gray 1	12 769769			
Ä	resulting in death) LAST	a SECONDAR	1 TORI	ADIDTO	HRANY	TOR	CARL	Nom	22 450			
	PART II. Other significant condition	s contributing to death b	ut not reaulting in	the underlyl	ng cause given in	Part I. 24a.	WAS AN AUTO		WERE AUTOPSY FINDINGS			
EDICAL	1. CARCINOMA	OF LEFT	BREA	50	1989	1_	YES 2		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
ME	2 STROKE	(CVA)	12,	194					1 YES 2 NO			
ä	DID TOBACCO USE CONT	RIBUTE TO CAUSE O	F DEATH YÉS		UNCERTAI	N 🗆						
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH	OTHER:	9)							
₹	1 YES 2 NO	1 Inpetient 2 ER/Outp	atlent 3 DOA	4 - Nursing Ho	me 5 - Residence							
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	26b. TIME INJU	RY W	YES 2 NO	26d. DESCRIB	E HOW INJUR	Y OCCURED				
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, term, sti	rant, tactory, off	lce	281. LOCATION City or Tow	(Street and Norn, State)	umber or Rural Ro	oute Number,			
PLE	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my knowl	edge, death occurred	at the time, da	ta and place, end due	to the cause(s)	end manner a	a stated.				
NOC		R: On the basis of examination							end manner as stated.			
H	200 AMATURE AND TITLE OF CERTIFIE	hux A	MENDING	- M.D.	29c. LICENSE NUI	ABER (28/	29d ▶	. DATE SIGNED	Month, Dev. Year)			
٩	30. NAME AND ADDRESS OF PERSON WH					,						
	Nelson Sun, M.		St. Paul	Place	Ba1	timore,	Mary	land 21	202			
	31. DATE AUG1 9 1996	32. REGISTRAR'S SIGNA	Carolan,									

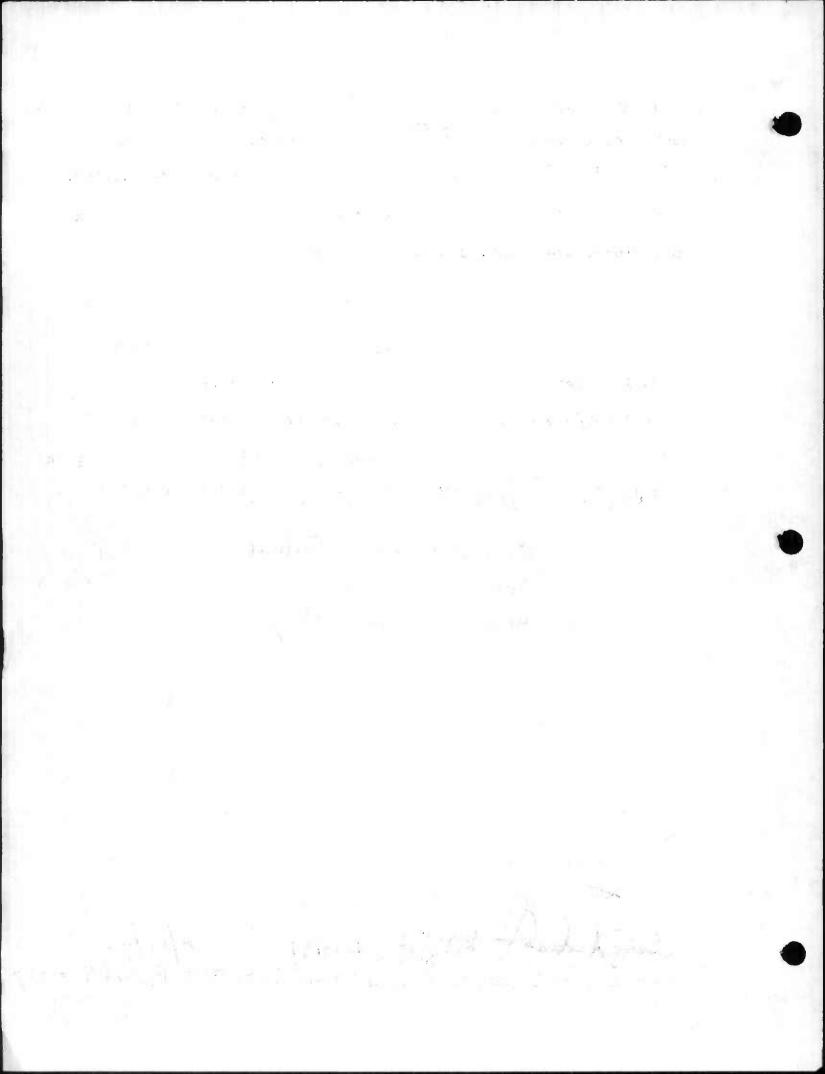


State of Maryland / Department of Health and Mental Hygiene 96 24458

					Certifi	cate of	Death		Reg. No.		- 7700
			Decedent's Neme (First, Middle, Last)					2. Dete of De	eth	u.	3. Time of Deeth
	Physici /Medi		JAMES HENRY SM	ITH				Month	Dey 15, 1	996	5:00 AM
	Examir		4e. Facility Neme (If not Institution, give street end n		esidence	≥)	4b. City, Town, or L		4c. County	of Deeth	
			2503 Violet Ave., Ap	pt. 306			Baltimo			N/P	1
	Funeral Director		5. Social Security Number 6. Sex 1XD M 2 F Usuel Residence of Decedent	7. Age (In yrs. 62		Under 1 Yeer inths Deys	Hours Min.	8. Dete of Bin (Month, Da May 6,	y, Year)	9. Birthpl Coun Mary	lece (State or Foreign try) / land
	land		10a. Stete 10b. County	10c. Cit	y, Town or Location	n				16	0d. Inside City Limits
	with the Maryland a or 28a-f ahow be notified at	Director	MD N/A		Balti						1 □X es 2 □ No
	23a or 2		2503 Violet Ave., Ap	pt. 306		of, Zip Code	215		10g. Citizen of N		try?
020	hours effer death with the Manyland lural', or Items 23a or 28a-f ahow al Examinet must be notified at	by Funeral	Armed F	2 No	If Yes	Decedent of I , specify Cub es 2 1 No	Hispenic Origin? (Span, Mexican, Puerto Specify:	pecify Yes or No Rican, etc.)	Specify	e - America ck, White, e	
2-0	72 Is all	eted	15. Decedent's Education (Specify only highest grade completed	1	16e. Decedent's	Usuel Occup	petion	king	16b. Kind of B	usiness/Ind	lustry
12	d withir giona.	Completed		(1-4or 5+)	Pack		during most of world)	(Ing	Pack	agin	ıg
0	should be filed and Mental Hygid marked other urmitic event, iii	To Be C	17. Fether's Neme (First, Middle, Last) Samuel B. Smith				18. Mother's Nam	ne (First, Middle,			Mail I
ary	d 2 should be th end Mental 7 is marked traumatic ev	-	19e. Informent's Neme/Reletionship (Type, Print)		19b. Meiling Ad	dress (Street	end Number or Ru				Code)
	27 is		Linda Pryor/daughter	5			nn Avenu				21213
Baltimore,	or of the		20e. Method of Disposition 1 Buriel 2 □ Cremetion 3 □ Removel from	Stete	Plece of Disposition emetery, cremetory	y or other ple		Dete	20c. Location -		
	Department Department Important: any injury		4 Donetion 5 Other (Specify) 21. Signature of Funeral Service Licenses	Woo	odlawn (Cemete		8/21	altimo	re, M	Maryland
Ba	Departme Departme Importan any injur		Ferou OD	ult	/ LERO	OY O.	,				ME, P.A.
	Physician		23e. Early Enter the disease or complications that shock, or heart favors. Jist only one cause on		n. Do not enter the	mode or dyl	ng, such es cerdiac	or respiretory er	rest,	ALIC	Approximete Intervel Between Onset end Deeth
	/Medical Examiner		Immediate Cause (Finel disease or condition resulting in deeth)	sesti	ve lle	aux	Failu	e			140.
	sit ed	liner		Due to (o	r es e consequence	e of): '					10 445
Ď,	certificate be assected ading physician and use as the burial-transit	Examiner	Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initiated events	Due to (o	ras e conseguence	o'of):	Alex			-	11De
68/60,	physic the b	edical	thet initiated events resulting in deeth) Lest	Due to for	r es e consequence	e of):					
X	D G	2	d								
9		clar									
r. 5	5 6 5	by Physician/	Pert ii. Other significant conditiona contributing to d	eath but not resu	ulting in the underly	ring ceuse giv	ren in Pert I.	23b. Did t		3 Prob	the cause of death? ably 4 Unknown
Records,	as been sign	Completed b							an eutopsy med?	ave	re eutopsy findings elleble prior to enpletion of cause leath?
= 6	ate h	Con						1 U Y	es 2000	1□	Yes 2 No
VIII	ysician: In is certificate director, pag		25. Wes case referred to medicel exeminer?				26. Piece of Deel	th (Check only o	ne)		
	this certific ral director,	2	1 Yes 2 No Hospitei: 1	Inpatient 2	ER/Outpatient 3[DOA Oth	4 Li Nursing Ho	ome 5 Thesio	ence 6 Oth	er (Specify)
IO UOI	th. F. After the funera	atlon:	27. Menner of Deeth 12 Naturel 5 Pending 2 Accident Investigation	of Injury th, Dey Year)	28b. Time of Injury M	28c. Injur Wor	y et k? Yes 2 □ No	28d. Describe h	ow injury occur	red	
NIN W	O DO	Certification:	3 ☐ Suicide 6 ☐ Could not be determined 28e. Place build	a of Injury - At ho ing, etc. (Specify	eme, ferm, street, fe	ectory, office		28f. Location (S City or Tow		er or Rurel	Route Number,
	A.	edical C	29e. Certifier (Check only one) Certifying Physician: To the book one)	best of my know asis of exeminet ner steted.	wledge, deeth occu ion end/or investige	irred et the tin etion, in my o	ne, dete end piece, pinlon, deeth occur	and due to the cred et the time, c	euse(s) and me date end piece,	enner es sta end due to	ited. the cause(s)
	To	Charles	29b. Signeture and little of confiller	- Assec	iche p	29c. Licens	e number	1	8/15	1960 TO	iny, Year)
1	h	1	30. Name and addressor person who completed cause	of deeth (Item	23e) (Type, Print)		1-	1	~ 5	11	Nex - 1 -
7)		Geougebl- Sable, Tv.	36/10	, Covolic	u 54	veet, Su	ite 11	30 130	214	MB 2128
	Stat		31. Dete filed (Month, Dey, Yeer)	legistrar's Signat	ture						

Registrar

AUG 1 9 1996 Shie Kirdson 18



				State	of Maryl		partment of <i>ertificate o</i>	f Health and I of Death	Mental Hy	/giene Reg. No.	96	24459		
	1		1. Decedent's Neme (First, Middle	, Last)					2. Dete of D		N-1	3. Time of Limeth		
	Physici /Medi		JOHN ST	TEPHEN	S	OMMERF:	ELD, SR.		AUGUS	T 15	1996	5:05 P.M		
	Exami		4a. Fecility Neme (If not Institution	, give street end n				4b. City, Town, or	Location of Dee	th 4c. Co	unty of Death			
100			MANOR CARE NU	RSING &	REH. C	ENTER	- RUXTON	TOWS	ON		BALTI	MORE		
	Funeral Director		5. Sociel Security Number 282–09–4001	6. Sex 1XXM 2□ F		rrs. lest birthde 2 Yrs.	Months Dey			irth lay, Year))4	9. Birth Cou MAI	aplece (State or Foreign Intry) RYLAND		
2			Usuel Residence of Decedent			-								
Merylan	r 28a-f ahow Inctffled at	ctor	MARYLAND BALT	TIMORE	10c.	City, Town or HILLE	NDALE					10d. Inside City Limits 1 ☐ Yes 2 🖾 No		
h with th	23a or 21 ust be no	al Director	10e. Street end Number 8113 RIDGELY (DAK ROAD			10f. Zip Code	e 234			of Whet Cou JSA	het Country?		
5-0020 72 hours after death with the Meryland	al', or items ? Examiner mu	by Funeral	11. Meritel Stetus 1 Never Merried 2 Merri 3 Widowed 4 Divorced	Armed F	212 No Sive	n U,S. 1:	3. Wes Decedent of It Yes, specify C	of Hispanic Origin? (Suban, Mexican, Puert	pecify Yes or N o Rican, etc.)		Rece - Ameri Bieck, White ecify:			
5-0	natural dicai Ex	bet	15. Decedent	s Education		16e. Dec	cedent's Usuel Occ	cupation		16b. Kind	d of Business/Industry			
121 within	than by Ma	Completed	(Specify only highes Elementery/Secondery (0-12) 1 YEAR		(1-4or 5+)	life	DO NOT use ret		rking	SEI	F EMPI	LOYED		
belled 2	d other event, i	BeC	17. Fether's Neme (First, Middle, L	.ast)					ne (First, Middle, Melden Surname)					
rlan	Menta rked tic e	To B	CHARLES SOMMER	RFELD				ROSIE HALUBKA						
Maryland	and h		19e. Intorment's Neme/Reletionsh	e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Steta, Zip Code)										
	= 0 >		ORA R. RICHTER	DAI	UGHTER	RR2	Box 247	6 GLENVILI	LE, PA	17329				
ore	5 2 0		20e. Method of Disposition 1 XBurial 2 Cremetlon 4 Donetion 5 Other (Sp		n Stete	cemetery, c	sposition (Name of remetory or other p		Dete 3/19/96		ion - City or T			
Balti	Department important: If any injury or once.		21. Signeture of Funeral Service Licansee 22. Name and Address of Facility JOHNSON FUNERAL HOME 8521 LOCH RAVEN BLVD. TOWSON, MD											
DI	nysician		23a. Part1. Enter the diseesa, or shock, or heart feilure. List of	complications they	caused in a eech lina.	eath. Do not e	enter the mode of o	dying, such es cardied	or raspiratory	errast,	MD 21	Approximete intervel Between Onset end Deeth		
1	Medical xaminer		Immediate Cause (Finel disease or condition resulting in deeth)	e. Co		0		diseas	e.					
8	# # #	iner		- h	Dua to (or as a consequence of):						1			
38760, cate be assecuted	physician and the buriel-transit	Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceusa (Disease or Injury that initieted events		Due to	o (or es a cons	sequenca of):							
x 68760,		Medical	that initiated events resulting in death) Last	d	Due to	o (or es e cons	equence of):				i			
D. Box 6	Ψ &	Physician/M	Pert II. Other eignificant condition	ne contributing to	death but not	resulting In the	underlying cause	given in Pert i.	23b. Dic	l tobacco use	contribute	to the cause of death		
ords, P.O.	signed by the d	by Phy	- Diabetic - Delydra	Mellit	us i	ype	<i>LL</i>		1	Yee 2X	No 3□Pro	obebly 4 Unknow		
Records,	2 50	Completed	- Delydro	rdion					24e. We	s en autopsy formed?	6	Vere autopsy findings vailable prior to completion of cause if death?		
		Com							1 🗆	Yes 30	lo 1	☐Yes 2 No		
of Vital		BeC	25. Wes case retarred to medical examiner?					28. Place of Dea	ath (Check only	ona)				
of Vita	this ceral direct	To	1 Yes 2 No	Hospitel: 1	Inpatient 2	ER/Outpat	ient 3 DOA	Other: 4 Nursing H	lome 5 🗆 Res	sidence 8 [Other (Spec	ity)		
Vision o	death. ctor: After thi y the funeral	tification:	27. Menner of Deeth 1 Neturel 5 Pending 2 Accident investig		e of Injury nth, Dey Year	28b. Time Injury		njury at Vork? Yes 2 No	28d. Describe					
IVIS	rector: rby the	tific	3 Sulcide 6 Could n 4 Homicide determine	ned 208. Piec	ce of Injury - A	t home, ferm,	street, fectory, offic	СӨ	28f. Location (Street and Number or Rural Route Number, City or Town, Stete)			ral Route Number,		

Certifying Physician: To the best of my knowledge, deeth occurred at the time, data end place, end dua to the cause(s) and mannar as stated.

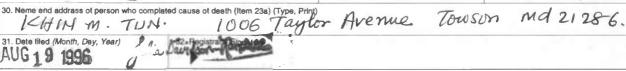
Medicat Examiner: On the basis of axamination end/or investigation, in my opinion, daath occurred at tha time, date and place, end due to the cause(s) and menner stated.

29d. Dete signed (Month, Day, Year)

31. Dete tiled (Month, Dey, Year) AUG 1 9 1996

29b. Signeture and title of certifier

29a. Cartifier (Check only one)



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State of Maryland / Department of Health and Mental Hygiene 96 24460

			Cei	tificate of	Death		Reg. No.			
	1. Decedant's Nama (First, Middle, Last)			10		2. Data of De Month	eath Day	Yaar	3. Tima of De	ath
hysician /Medical	Frank J.	Tro	otta			Augus			6:20	pm
xaminer	4a. Facility Nama (If not institution, give s	treet and number)			4b. City, Town, or I	Location of Deat				
	Johns Hopkins B	avview Medi	ical C	enter	Baltimo	ore				
neral	5. Social Sacurity Number 6. Sax	7. Aga (In yrs.		If Undar 1 Yaar	If Undar 24 Hrs.	8. Data of Bir	th	9. Birthp	lace (Stata or F	oreign
ector	216-14-8300	M 2□ F 71	Yrs.	Months Days	Hours Min.	2/24/	1925		timore	
	Usual Residence of Decedent					1 / /				
Director	10a. Stata 10b. County	10c. Cit	ty, Town or Lo	cation				1	0d. Insida City I	imits
ţ	Md. n/a	B	altimo	ore				}	1 Yas 2	□No
Director	10e. Street and Number			10f. Zip Coda			10g. Citizen of N	What Coun	itry?	
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leted by Funeral		2. Was Decedent Evar in U	S. 13.V			necify Yas or No	U . S	e - Amaric	an Indian.	
臣	1 Navar Married 2 Married	Armed Forcas? 12 Yas 2 □ No		Was Decedent of H f Yas, specify Cubi	an, Maxican, Puart	o Rican, atc.)	Bia	ck, Whita,		
by	3 ☐ Widowed 4 ☐ Divorced	If Yas, Giva Yaar or Datas:		1 ☐ Yas 2X No	Specify:		Specify	Whi	ite	
	15. Decedant's Educ		16a Decer	dant's Usual Occup	etion		16b. Kind of B	uelpace/lpc	dunta	-
Completed	(Specify only highest grade	completed)	(Give	kind of work dona	during most of wor	rking	100. Kind of D	usinassina	Justry	
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ပိ	12th 17. Fathar's Nama (First, Middla, Last)		DIC	wery wo	18. Mother's Nar	na /Eirat Middle			Y	
Be							, Maruani Surnani	ia)		
2	Mose Trotta				Maria	Mosca				
	19a. Intormant's Name/Ralationship (Typ	_{e, Print)} wife	19b. Maillr	ng Addrass (Street	and Number or Ru	ıral Route Numb	er, City or Town,	State, Zip	Code)	
	Mary Trotta			Baylis	Street	: Balti	more,	Md.	21224	
	20a. Mathod of Disposition		Place of Dispo cem <i>etery, cre</i> n	sition (Name of natory or other place	ce)	Data	20c. Location -	City or To	wn, Stata	
	1 ☐ Buriai 2 ☑ Cramation 3 ☐ Ra 4 ☐ Donation 5 ☐ Other (Specify)	Gre	een Mo	ount Cen	netery	8/17/9	6 Balt:	imor	e, Md.	
	21. Signature of Funaral Sarvice Licensa	B	22	. Nama and Addra	ss of Facility .T.	oseph l	V Zani	nino	Tr	-
	Maria 13-2	oxners		263 S. C	0 .					22
-		sations that savered the deat						ore,		22
	23a. Part1. Botar tha disaasa, or complice shock, or haart tallura. List only one	a causa on each line.	n. Do not anti	ar tha moda or dyir	ng, such as cardial	c or raspiratory a	irrast,		Approximata Intarval Betwee Onset and Dea	
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Ę	b.	CHF						1	> YEAR	>
Examine	Sequentially list conditions, if any, laading to immadiata causa. Entar Undarlying	Dua to (o	or as a conseq	uence ot):				1		
	causa. Entar Undarlying Cause (Disaasa or Injury							i i		
edical	that initiated evants resulting in death) Last	Dua to (o	r as a conseq	uence of):				i		
ZMe.								į		
	_ 0.							1		
Physician	Part II. Other significant conditions cont	ributing to death but not ras	ulting In the ur	ndarlylng causa giv	ran in Part I.	23b. Did	tobacco uee co	ntribute to	the cause of d	leath?
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by	IDDM, CHICKITE	Xenai raiit	ire							
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o Be	examinar?	ospital:		oth	26. Place of Dea					
	27. Mannar of Death	28a. Data of Injury	ER/Outpatien 28b. Tima of	3LI DOA	4 Li Nursing h	oma 5 Rasi	how Injury occur		/)	
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Ē	4 ☐ Homicida datarmined	28a. Place of Injury - At he building, atc. (Specify		eet, tactory, office		City or To	wn, State)	or or ribra	TOUR PUITO	,
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edical	(Check only 2 Medical Examine	clan: To the bast of my kno- er: On the basis of examina	wledga, daath tion and/or Inv	occurred at tha tire astigation, in my o	na, data and place pinion, daath occu	red at the time,	data and place,	annar as st and dua to	tated. tha cause(s)	
Med	one)	and mannar stated.		00. 11			and Data stars	4 44 4 44	O- V1	
_	29b. Signatura and titia of certifiar			29c. Licans			29d. Data signe	a (Month, i	Day, Year)	
	2///0	100		76	710		August	16	1996	
1	30. Nama and addrass of person who con	nplated causa of death (Itan	n 23a) (Type,	Print) Johns	Hopkir	s Bayy	riew Me	dica	1 Cent	er
10	David Naiman				Easterr					
State	31. Data filed (Month, Day, Year)	32. Registrar's Signa	itura 70				_, _,,			
strar	AUG 1 9 1996	a Devido	- Marine							
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Registrar DHMH 16 Rev 6/95

Amended item #20b, g-738, 8/19/96emh

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State of Maryland / Department of Health and Mental Hygiene 96 21, 461

					Cer	tificate of	Death		Reg. No.	0 24401
			Decedent's Nama (First, Middla, Last)					2. Data of De		3. Tima of Death
	Physic		Andro MARVIN	Willia	200			Month 8	Day 3	Yaar 96 12 20A
	/Medi Exami		4a. Facility Nama (If not institution, giva st	reet and numbar)			4b. City, Town, or Loc	ation of Death	4c. County	of Death
	WAU!!!!		UMMS UNIVERSITY	of Maryland	1 Medic	nal Susta	n Bal-	timoro	BA	Itmore
	Funeral		5. Social Sacurity Number 1/a 6. Sex	Z. Aga (In yrs.	last birthday)	If Ungar 1 Yaar	II Undar 24 Mrs.	8. Data of Birt	th	
	Director		II/a X	M 2□ F	Yrs.	Months Days	Hours Min.	(Month, Da	7, 1996	9. Birthplaca (Stata or Foraign Country) Maryland
			Usuai Rasidance of Dacedant			17		July 1	1, 1550	Haryrand
	riano.		10a. Stata 10b. County	10c. Ci	ty, Town or Loc	ation				10d. Inside City Limits
	Man,	Į.	Maryland Baltin	ore	Balti	more				1 ☐ Yas 2 ☑ No
	15 th	rec	10e. Street and Number	IOLC	Daron	10f, Zip Coda			10g. Citizan of V	Vhat Country?
	W WITH	ō	33 Tramiane Court			2124	1.4			
	within 72 hours after death with the Maryland ene. than "naturst", or items 23s or 28s-f show he Medical Evantiner must be notified at	Funeral Director		2. Was Decedant Evar In U	IS 13 W		Hispanic Origin? (Spec	ify Vee or No	USA 14 Back	e - Amarican Indian.
	the the	ä	1 Nevar Married 2 Married	Armed Forcas? 1 ☐ Yas 2 ☑ No		Yas, specify Cub	an, Maxican, Puarto F	lican, atc.)		k, Whita, atc.
21215-0020	rs af	by F	3 ☐ Widowed 4 ☐ Divorced	If Yas, Giva Yaar or Datas:	1	□ Yas 👰 No	Specify:		Specify	
Ö	hou	P	15. Decedant's Educa		16a Dacad	ant's Usual Occup	nation		16h Kind of Ru	Black usinass/Industry
15	n 72	Completed	(Specify only highast grada	complated)	/Giva k	ind of work dona O NOT usa retire	during most of workin	g	TOD. KRIG OF BU	iania a a ni ou ati y
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an	Mental Mental arked o	Be					111			a,
2	should nd Mer marks umatic	2	Andre Marvin Nutte			CETAL SEC MARKS		ın Will		
Maryland	12 sho		19a, Informant's Name/Ralationship (Type				and Number or Rural			
	s 1 and 2 should be filed within 72 hours after death with the Marylan of Health and Mental Hygiene. It has not been 23 or 28=f show then 27 is marked other than "natural", or items 23s or 28=f show other traumatic event, the Medical Examiner must be nothed at		Andre Marvin Nutte			aminae C	court Ba.		e, Maryl	
Baltimore,			20a. Mathod of Disposition 1 XBurial 2 ☐ Cramation 3 ☐ Ra		Place of Dispos Arbutus	Memori	al Park	Data	20c. Location -	City or Town, Stata
Ē			4 ☐ Donation 5 ☐ Other (Specify)			Star Cen		ag 7		re, Maryland
<u>a</u>	permit. Page Department of Important: If any Injury or		21. Signatura of Funaral Sarvice Licensas		22.	Nama and Addre	ass of Facility Nut	er Fur	neral Ho	mes, Inc.
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-8	Physician		snock, or neart failure. List only one	causa on aach lina.						Interval Between Onsat and Death
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	hen	Examiner	b .	plnon	or as a donsequ	TAMIC				
_6	eath certificate be axecuted attending physician and for use as the burial-transit	xa	Sequantially list conditions, if any, laading to immadiata cause. Entar Undarlying Cause (Disaase or Injury	Dua to (or as a gonsequ	ance or):	stinal is	-0-	· 4	
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68760,	phy:	Medicai	rasulting in death) Last	Dua to (d	or as a consequ	ance of):				
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Bo	death e atten	Physician								
o	0 0 2	ysi	Part II. Other significant conditions contr	ibuting to death but not ras	ulting in tha un	darlying cause gi	ven in Part I.	23b. Dld	tobacco use cor	ntributs to the causs of death?
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of Vital	0 0	To	1 ✓ Yas 2 ☐ No	spital: 1 Inpatiant 2	ER/Outpatient	3□ DOA Oti	har: 4 Nursing Hom	a 5 Rasid	dance 6 Oth	ar (Specify)
	g Ph er th		27. Manner of Death	28a. Data of Injury (Month, Day Year)	28b. Tima of injury	28c. Inju Wo	ry at 2	8d. Dascribe I	how injury occurr	red
Division	Attending r death. ector: After by the fune	atio	1 Naturel 5 Panding 2 Accidant invastigation	(Month, Day 1681)	injury		Yas 2□No			
Vis	or Attendil after death. Director: A I in by the fu	Iffic	3 ☐ Sulcida 6 ☐ Could not be detarmined	28a. Placa of Injury - At h	oma, farm, stre	et, factory, office	2	Bf. Location (Street and Numb	er or Rural Routa Number,
ā	a affect	Certification:	4 Homicida	building, afc. (Special	(Y)			City or To	WII, SIBIBI)	
	spits nours nera y fille	- I	29a. Certifier 1 Certifying Physic	cian: To the best of my kno	wiedga, daeth	occurred at tha ti	ma, dete and placa, a	nd dua to tha	causa(s) and ma	nner as stated.
	Ho Fu letel	edica	(Check only A Madical Examine one)	 or: On the besis of axamine and mannar stated. 	ition and/or invi	astigation, in my o	opinion, death occurre	d at the tima,	data and place,	and dua to tha cause(s)
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	Me	29b. Signature and title of certifier	10/	2	29c. Licans	sa number		29d. Data signed	d (Month, Day, Year)
			Y	VV/	1	Ti	(492)		0/	261
1	1X		30. Name and address of person who pom	rolestant causa Carlo	ff 23a) (Type, F	rint)	TIUT		0/	2/10
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ECORDS, P.O. BOX 6876	uires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	signed by the attending physician and completely filmed in by the functor page 5 should be detached for use as the burnt Health and Mental Hygiene prior to burial, cremation, or removal.

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DIVISION OF VITAL REC OR ATTENDING PHYSICIAN: The law requir

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 149031 13 Matthew Jarrett Wilke DM M 7. DATE OF BIRTH (Month, Day, Year 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign 1X M 2 🗆 F DAYS HOURS 216-86-9877 22 May 10,1974 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 17315 Masemore Road Upperco Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD 1 YES 2 X NO Baltimore Upperco 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA 4228 Mt. Carmel Rd. 21155 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

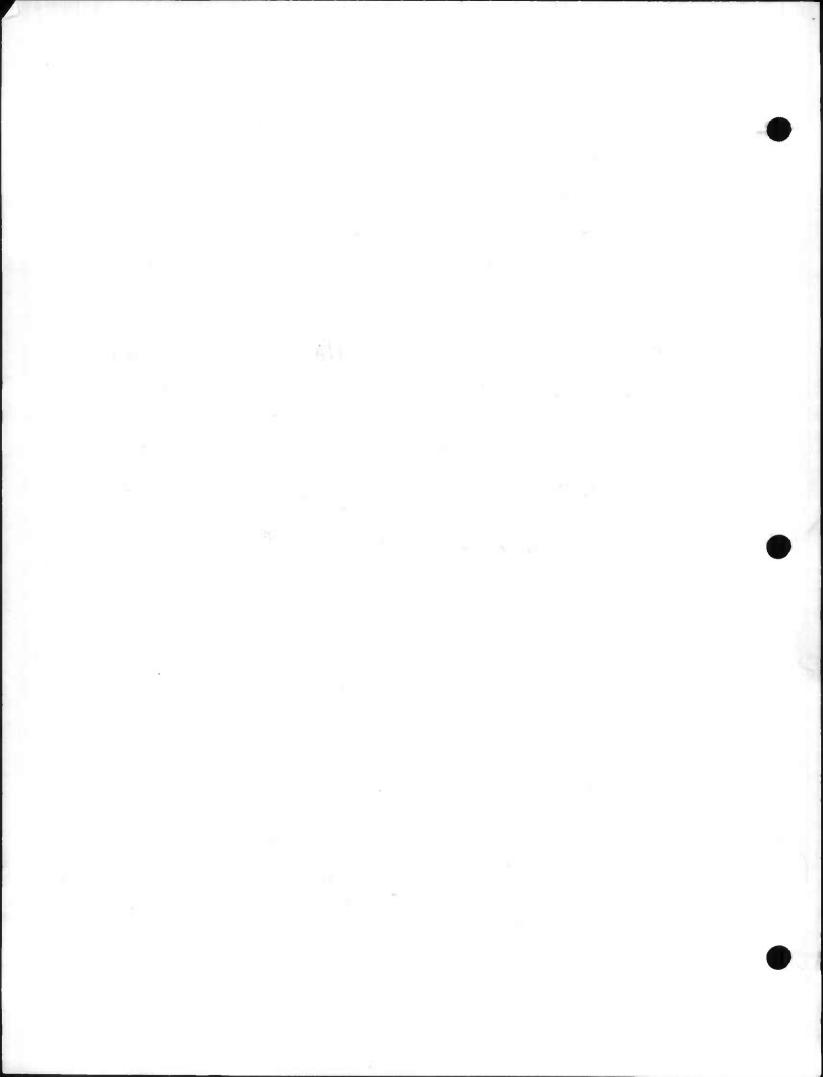
1 YES NO Specify: 14, RACE — American Indian. FORCES? t YES TONO
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married Specify: White BY 3 Widowed 4 Divorced ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 nr 5+) COMPL N 12 n/a ST. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Donald Joseph Wilke BE Peterson THE INFORMANT'S NAME (TICHPYING 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Susan P. Wilke P.O. Box 9146, Naples, FL., 34101 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata 976E Burtet W. Cremation Metro Crematory Catonsville, MD 4 [] Donatio Aug 22. NAME AND ADDRESS OF FACILITY esea Lemmon Funeral Home Lemmon Lemmon 10 W. Padonia Rd., Timonium, MD21093 22 PART | Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory arrest, Approximate shock, or heert feliure. List only one cause on each line. interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition Dorll 100 resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART if. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. PLACE OF DEATH (Check only one 25. WAS CASE REFERRED TO MEDICAL HOSPITAL OTHER: 1 YES 2 NO Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 [Other (Specify) 077012 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT WORK? 20d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation t YES 2 NO BY 2 Accident 26a. PLACE OF INJURY — At home, farm, atreet, factory, offica building, atc. (Specify) 261, LOCATION (Street and Number or Rural Route Number City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide

2 - MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 206. SIGNATURE/KNO TZPLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day 9% 30. NAME AND ADDRESS OF BERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 105

29a. CERTIFIER

(Check only)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.



State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3 Time of Death **Physician** JOSEPH AUGUST 2:25 AM BRUCE WHITE 18, 1996 4c. County of Death /Medical City, Town, or Location of City

If Under 24 Hrs.
Hours Min.

6. Dete of Birth
(Month, Day, Year)

NOV. 6, 1433 4b. City, Town, or Location of Deeth 4e. Fecility Neme (If not institution, give street and number) **Examiner** Stella Maris Hospice (Mercy Hospital) 5. Social Security Number If Under 1 Year Months Days 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1XM 2□F 219-30-3097 (02) mariand Director Usual Residence of Decedent with the Marylend 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show BAITIMOR, CITY MD 1X Yas 2□No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ò traumetic event, the Medical Examiner must be 21230 1325 Richardson Street United States 234 Peges 1 and 2 should be filed within 72 hours after deeth vent of Heelth and Mental Hygiene. Int: If Hem 27 Is marked other than "natural", or items 23 Funeral 14. Race - American Indian, Black, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 1 Never Married 2 Married 1 ☐ Yes 2 No If Yes, Give Year or Detes: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No þ specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry College (1-4or 5+) MANUTacturing Elementary/Secondary (0-12) diler 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Surname) Be White Wasciechowski Bernard JENNIE 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1325 Richardson Street, Baltimore MD 21236 ROGING A. White / WIFE other 20b. Pleca of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20e. Method of Disposition Date 1 Buriai 2 Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) permit. Peges Department of Important: If it any injury or c Baltimore City GREEN MOUNT CREMATORY: Aug. 19,96 21. Signature of Funeral Service License 22. Name and Address of Facility Charles L. STEVENS Fuveral Home, DVC. 23a. Part 1. Enter the disease, or complications that caused the distribution of dying, such as cardiac or respiratory arrest,

Approximate Approximate Interval Between Onset and Death Physician Immediete Cause (Final disease or condition resulting In death) LUNG CANCER /Medical 22 mos Examiner Examiner METASTASES The law requires that the deeth certificate be executed physician and s the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Couse (Disease or injury that initiated events resulting in death) Last Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es a consequence of): 950 signed by the a Pert It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24a. Was an autopsy performed? 24b. Were autopsy findings evailable prior to completion of cause of deeth? Completed is certificate has director, page 2: No 1 ☐ Yes 2 ☐ No 1 ☐ Yes Hospital or Attending Physician: 24 hours after deeth. Funeral Director: After this certifica Be 25. Was case referred to medical examiner? 28. Piece of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes \$BNO 28a. Dete of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. tnjury at Work? 28d. Describe how injury occurred 5 Pending investigation 12 Naturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office bullding, etc. (Specify) 4 Homicide n 24 hou. Certifying Physictan: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and menner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner steted. 29a. Certifier To the Hosp within 24 hou To the Funer completely fil edicai 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) Terrores August 040480 5810 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) FERENANDO France BALTO 21206 NO 31. Date filed (Month, Day, Year) AUG 1 9 1996 32. Registrar's Signature State igustrar's Signature Registrar

State of Maryland / Department of Health and Mental Hygiene 96 24464

					Certificate of	Death	Reg	g. No.	0 2	. 7 4 0 4		
	Dhuala		1. Decedant's Nama (First, Middla, Li	4 + 4		2.	Data of Death Month	Day	Yaar	3. Tima of Death		
J	Physic /Medi			Jilliams			Augus		1996	5:55 am		
	Exami		4a. Facility Nama (If not institution, gi	va street and number)	A 4	Bath more	tion of Death	4c. County	of Death			
L			5. Social Security Number 6.	Mary lowel Mec						aca (Stata or Foreign		
S.	Funeral Director		217-80-9921 Usuel Rasidence of Decedant	10 M 20/F 8	Yrs. Months Days	Hours Min.	Data of Birth (Month, Day,) Arch 36), 1915	Count	(V)		
	e Merylend a-f ahow offed at	ctor	10a. Stata 10b. County		own or Location	Lity			10	d. Insida City Limits		
	23a or 28	Funeral Director	10e. Street and Number 20 Warrew	Avenue	10f. Zip Coda	31230		d. Citizan of W		rates		
21215-0020	72 hours efter deeth with the Meryland natural, or items 23s or 28s-f show diest Examiner must be notified at	þ	11. Marital Status 1 ☐ Navar Married 2 ☐ Married \$\infty Widowed 4 ☐ Divorced	12. Was Decedent Evar In U,S. Armed Forças? 1 ☐ Yaa 2 No If Yas, Giva Yaar or Datas:	13. Was Decedant of H If Yas, specify Cubs	lispanic Origin? (Specif an, Maxican, Puarto Ric Specify:	y Yas or No- an, atc.)		- Amarica k, Whita, a	tc.		
5-0	d within 72 hours piene. r than "natural", the Madical Exe	Completed	15. Decedant's E (Spacify only highast gr	ducation 1 ada complatad)	6a. Decedant's Usual Occup (Giva kind of work dona	during most of working	16	6b. Kind of Bu	alnass/Indu	istry		
12	within ene. then "	пр	Elementary/Secondery (0-12)	College (1-4or 5+)	Home make			Ow	N Ho	mes.		
	● 天皇 長		17. Fathar'a Nama (First, Middla, Las	1)		18. Mothar's Nama (F	First, Middle, Me	aidan Sumam	a)			
lan	2 4 5 9 9	To Be	Raymond	Martin Kac	ler	Anne	Kitc	hen				
Maryland	alth and 27 is m		19a, Informant's Name/Ralationship Barbara E. T		19b. Malling Addrasa (Street					Code) 21236		
Baltimore	901		20a. Mathod of Disposition 1 Burial 2 Cramation 3 [4 Donation 5 Other (Speci	20b. Place	a of Disposition (Nama of atary, cramatory or other place	(ar		Salt				
Balti	permit. Peg Department Important: I any Injury c once.		21. Signature of Funeral Service Lice	name .	HAVEN MEM 22. Nama and Addras Charles	ss of Facility	s Fund	eral	Home	e, INC.		
	_		23a. Part1. Entar tha diseese, or con shock, or haart failura. List only	pplications that cabe diffusionsh. I	o not enter the mode of dyin	ort Ave	espiratory arres)4170.		Approximate Interval Batween		
Ŋ	Physician		Shook, of Haart tailula. List offi	ona cadsa on aacmina.						Onsat and Death		
r	/Medical Examiner		Immediata Causa (Final disaasa or condition rasulting in death)	a. Acute	severe m	nitral Re	gurgi	tation	2	4 days		
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	uted	Examiner		b. ocut	1000	iai irifu	vaur					
68760,	icate be executed physician and s the burial-transit		I if any, leading to immediata									
Box 687	5 00	n/Medical	resulting in death) Last	d	a consequanca of):							
	deeth ce e ettendii od lor use	sicia	Part II. Other aignificant conditions	contributing to death but not resulting	a In the underlying cause give	an In Part I.	23b. Did tob	acco use con	tribute to	the cause of death?		
P.0	that the de led by the e deteched i	eted by Physician/	þ	by					1 🗆 Yes	20(No	3 Prob	ably 4 Unknown
of Vital Records,	requires seen sign hould be				Completed by					24a. Was an	autopay ed?	avai
Rec	hes hes	mp					V	-	of de	eath?		
œ	ician: The certificate rector, pag		25. Was casa rafarred to medical			00 Diversit Death #	1/4 Yas		1)X	Yas 2□ No		
5	Physician: this certific	o Be	axaminar?	Hospital:	Outpatient 3 DOA Oth	er: 4□ Nursing Homa			ar (Snacihi			
on of	tending Phy leath. tor: After this the funeral of	Certification: To	tlon: To	27. Mannar of Death 1 Netural 5 Panding 2 Accidant Invastigation	28a. Data of Injury (Month, Day Year) 28	b. Tima of 28c. Injury Work		d. Describe how				
Division	f or Attending after death. Director: After d in by the fune		3 Sulcida 6 Could not be detarmined		, farm, street, factory, office	281	Location (Stre City or Town,		er or Rural	Routa Number,		
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edical C	29a. Certifier (Check only one) Certifying Pl	nyalcian: To the best of my knowled miner: On the basis of axamination and manner stated.	dga, daath occurred at tha tin and/or investigation, in my o	na, data and place, and plnion, death occurred	dua to the cau at the time, dat	isa(a) and ma e end plece, a	nnar as ata and dua to	ited. tha causa(s)		
	To the within 2 To the comple	Me	29b. Signature and titla of cartifiar	0 10 1	29c. Licans			d. Data signed				
			Seideal & V	illusations	PIN	234	1	August	- 16,	1996		
	2		Service of the servic	complated causa of death (Itam 23	a) (Type, Print)	234 Green Str		11	100) 31251		
			Saidia A. Sh	ellizetuss 2	Z South G	breen Str	cet 1:	29120.	14/1	- UNDI		
	Sta Registr		31. Data filed (Mooth, Day, Year) AUG 1 9 1996	32 Registrar's Signature	Handalls							

DHMH 16 Rev 6/95

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96-4555-510 asp ITEMS: 23 PART I. Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 27, 28a-f, PER NEO FILM 6-738 State of Maryland / Department of Health and Mental Hygiene 24465 8/23/96 t.t Certificate of Death Decedent's Name (First, Middle, Lest)
EUGENE 2. Dete of Deeth 3. Time of Deeth WEINGARTEN **Physician** Day 1 3 1 9 9 6 AUGUST 2210 P /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 818 POWERS AVE BALTIMORE (21211)If Under 1 Year 5. Sociel Security Number 8. Date of Birth Sept. 28, 1923 If Under 24 Hrs 7. Age (In vrs. lest birthday) 9. Birthplace (Stete or Foreign Country) Maryland **Funeral** Months Days **∰** M 2□ F Min. Hours 72 215-24-5924 Director Usual Residence of Decedent 10a State 10b. Count 10c. City, Town or Location ns 23a or 28a-f shov 10d. inside City Limits Director N/A Maryland Baltimore 1 √ es 2 No the 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 21211 818 Powers Street U.S.A Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ※ No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, the Medical Examiner Black, White, etc. filed within 72 hours after 1 ☑ Never Married 2 ☐ Married 21215-0020 6 1 ☐ Yes 2 No Specify. þ Specify: White 3 Widowed 4 Divorced "natural", Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 0 Never Worked traumatic event. Maryland 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Pages 1 end 2 should be fill ment of Health end Mental Hyant: If Item 27 is marked oth jury or other traumatic even Be Lillian Fuhs Herman Weingarten 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) John Weingarten (Brother) 93rd Avenue -North, Pinellas Park, Fla 33782 Baltimore, 20b. Plece of Disposition (Name of cametery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Buriel 2 🌠 Cremation 3 ☐ Removel from Stete 4 ☐ Donation 5 ☐ Other (Specify) permit. Page Department of Important: If any injury or once. 8/16/96 Green Mount Cemetery Baltimore, Maryland 22. Name and Address of Fecility A. Alan Seitz, Jr. Funeral Home 21. Signeture of Funeral Servica Licenses Wa lerk 3818 Roland Avenue, Baltimore, Maryland 21211 23a. Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. **Physician** /Medicai Immediate Cause (Finel ATHEROSCLEROTIC CARDIOVASCULAR DISEASE COMPLICATED BY CUTS OF WRISTS disease or condition resulting in deeth) **Examiner** Due to (or as a consequence of): Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Couse (Diseese or Injury that initiated events resulting In death) Lest Due to (or es a consequence of): The law requires that the death certificate be execu Box 68760. physician Physician/Medical the Due to (or as e consequenca of): guip P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert 1. 23b. Did tobacco use contribute to the cause of death? signed by 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records, by Completed 24b. Were autopsy findings aveilable prior to completion of cause of death? 24a. Was en autopsy performed? ertificate has 1 ☐ Yes 2 ☐ No Be 25. Was case referred to medical 28. Plece of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA Other: 4 Nursing Home 5 X Residenca 6 Other (Specify) 0 1 Yes 2 No 2 28a. Date of Injury (Month, Dey Yeer) 28b. Time of FOUND ryAT 27. Manner of Death 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending Investigation 1 Netural 1 ☐ Yes 2 KNO SUBJECT CUT HIS WRISTS 2 Accident FOUND 8-13-96 9:50 6 Could not be determined 3XXSuicide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 281. Location (Street end Number of Bural Route Number, City or Town, Stete) 818 POWERS STREET Certifi 4 D Homicide BALTIMORE, MARYLAND To the Hospital within 24 hours a To the Funeral C completely filled FOUND AT HOME 1 Certifying Phyaician: To the best of my knowledge, death occurred at the time, date and pieca, and due to the cause(s) and manner es steted.

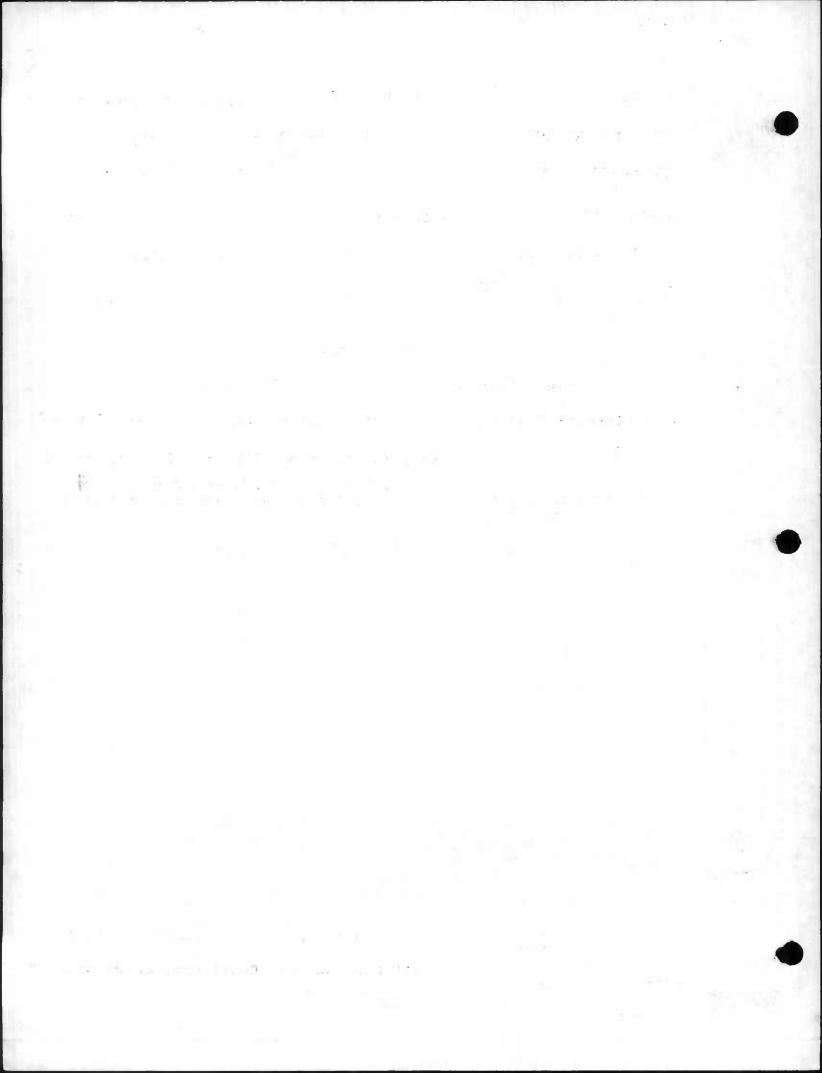
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. Medical 29a. Certifier 29b. Signeture and title of cartifier 29c. License number 29d. Dete signed (Month, Dey, Year) AUGUST 14,1996 O.C.M.E 30. Name and address of person who completed cause of death (Hem 23e) Type Printenn Street, Baltimore, Maryland 21201

State Registrar 31. Date filed (Month, Deyr Year)

AUG 1 9 1996

Dennis

32. Registrar's Signeture Pandate



State of Maryland / Department of Health and Mental Hygiene Q C

				Certificate of Death	Reg. No.
-	Physici	20	1. Decedent's Neme (First, Middle, Last)	YOUNG	2. Dete of Deeth Month Dey Year 3. Time of Deeth
N.	/Medic		ELMER H		8 15 1996 1-AM
	Examir	er	4e. Fecility Neme (If not Institution, give street end number)	4b. City, Town, or Loca	tion of Deeth 4c. County of Deeth
1			1600 MT Royal Avenue Apt 5. Sociel Security Number 6. Sex 7. Age (In yrs. les	t birthday) if Under 1 Yeer If Under 24 Hrs. 8	
	Funeral Director		230-16-0975 Usuel Residence of Decedent	Yrs. Months Deys Hours Min.	Dete of Birth 1926 9. Birthplece (State or Foreign William), 1926 VIRGINIA
	yland		10a. Stete 10b. County 10c. City, 7	Fown or Location	10d. Inside City Limits
	h the Merylan r 28a-f show Lnothed at	ctor	MARYLAND BA	LTIMORE CITY	1 Yes 2 No
h with the		al Director	10e. Street and Number 1600 MT. ROYAL AVENUE APT. 307	10f. Zip Code 21217	10g. Citizen of What Country? U.S.A.
0200	72 hours after death with the Meryland natural, or itema 23a or 28a-f show dical Examinet must be notined at	by Funeral	11. Meritei Status 1 □ Never Merried 2 □ Merried 3 □ Widowed 4 □ Noivorced 12. Wes Decedent Ever in U,S. Armed Forces? 1 □ Yes 2 □ No If Yes, Give Yeer or Detes:	13. Wes Decedent of Hispanic Origin? (Speci If Yes, specify Cuben, Mexican, Puerto Ri 1 ☐ Yes 2 ☼ No Specify:	fy Yes or No- can, etc.) 14. Race - American Indian, Bieck, White, etc. Specify: BLACK
5-0	72 h	etec	15. Decedent's Education (Specify only highest grade completed)	16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)	16b. Kind of Business/Industry
121215-0020	filed within Hygiene. ort, the Mon	Be Completed	Elementery/Secondery (0-12) College (1-4or 5+) 8th grade	Truck Driver	Private
Maryland	S is b >	Be	17. Fether's Neme (First, Middle, Last)		First, Middle, Meiden Surneme)
2	d 2 should th and Mer 7 is marks traumatic	To	Henry Young 19e. Informent's Neme/Reletionship (Type, Pnht)	19b. Meiling Address (Street end Number or Rural I	Route Number City or Town State Zin Code)
	d 2 T is		Essie Bivens/ Niece		timore, Maryland 21212
ore,	0 - E		20e. Method of Disposition 20b. Plea	e of Disposition (Neme of eetery, cremetory or other piece)	Date 20c. Location - City or Town, Stete
im			Duriei 2 Li Cremetion 3 Li Hemovei from Stete		19-96 CROWNSVILLE, MARYLAND
Baltimore,	permit. Peg Department Important: I any injury o		21. Signeture of Funerel Service Censes	22. Name end Address of Fecility WILI	LIAM C. BROWN COMMUNITY F/H BALTIMORE, MARYLAND 21217
	•		23a. Per 1. Enter the disease, or complications that caused the deeth. shock, or heart feilure. List only one cause on each line.		
	Physician			. 1	Onset and Death
7	/Medical Examiner		Immediate Cause (Finei disease or condition resulting in death) a. Hepatic	encephalopath	temins)
4		Į.	Due to (or e	s o consequence on: U	to testes is a de
	b d d ansit	Examiner	Sequentially list conditions	a of liver with to	ung melasies 3 moning
ó	an an		Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury	s e consequentes oi).	
68760,	requires that the death certificata be executed een signed by the attending physician and hould be detached for use as the burtal-transit	Medical		s e consequence of):	
Box	sath cer attendir for use	Physician/	d		8
0	the a	ysic	Pert ii. Other significant conditions contributing to death but not resulting	ng in the underlying cause given in Pert I.	23b. Did tobacco use contribute to the cause of death?
0	res that the de signed by the a be detached is	Ph			1 Yes 2 No 3 Probably 4 thknown
Records,		Completed by			24e. Wes an autopsy performed? 24b. Were autopsy findings aveilable prior to completion of cause of death?
	The law ate hes b page 2 s	dwo			1 □ Yes 2 ☑ No 1 □ Yes 2 ☑ No
ita	dcian: The	BeC	25. Was case referred to medical	26. Piece of Deeth (
_	0 0	ToE	examiner? 1 Yes 2 No	VOutpetient 3□ DOA Other: 4□ Nursing Home	5 Pasidence 8 Other (Specify)
Division of Vital	ding Ph h. Aftar th funeral		27. Menner of Deeth 1 ☑ Netural 5 ☐ Pending 28a. Dete of Injury (Month, Day Year) 25	tnjury Work?	d. Describe how injury occurred
Sio	tend feath for: the	Certification:	2 ☐ Accident investigetion 3 ☐ Suicide 6 ☐ Could not be	M 1 Yes 2 No	f. Location (Street end Number or Rural Route Number,
Div	l or Attendati Director:	erti	4 Homicide determined 28e. Plece of Injury - At home building, etc. (Specify)	s, term, street, rectory, onica	City or Town, State)
	To the Hospital or At within 24 hours after of To the Funeral Direct completaly filled in by	edical C	29e. Certifier (Check only one) 12 Certifying Physician: To the best of my knowle 2 Medical Examiner: On the basis of examination and manner stated.	dge, deeth occurred et fhe time, dete and placa, en end/or investigetion, in my opinion, deeth occurred	d due to the cause(s) and manner as stated. at the time, dete end pieca, and due to the cause(s)
	within To the compl	¥ e	29b. Signature and fittle of certifier	29c. License number	29d. Dete signed (Month, Day, Year)
			Bronatun M Masen M.	D 15503	August, 16,1496
	15		30. Name and eddress of person who completed cause of deeth (Item 2: AMATUN N NAREM 50)	Dolphin Street, Balt	imore MD 2/2/7
	Sta Registr	te ar	31. Dete flied (Mooth, Day, Year) A. Registrars Signatur	Brotike	1

DHMH 16 Rev 6/95

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Days

ડા	ate of Maryland / Department of Health and	96	24467	
	Certificate of Death	Reg. No.	20	4401
1. Decedant's Nama (First, Middla, Last)		2. Data of Death	.22	3. Tima of Death
Elizabeth	Yustus	August 12,	1996	4:15

Physician /Medical Examiner

mq

Birthplace (State or Foreign Country)

10d. Insida City Limits

1 ☐ Yas 2 No

Maryland

4a. Facility Nama (If not Institution, giva streat and number)

4b. City, Town, or Location of Death

Baltimore If Undar 24 Hrs.

Hours

4c. County of Death

Funeral

Director

72 hours efter death with the Maryland 28a-f show filed withIn 7 Hygiene.

?? is marked other than "natural", or items 23s or 28s-f show traumatic avent, the Medical Examiner must be notified as

Funeral Baltimore, Maryland 21215-0020 þ Completed permit. Peges 1 and 2 should be file Depertment of Heelth and Mental Hy Important: If Item 27 is marked other any injury or other traumatic avent Be 2 **Physician** /Medical Examiner Examiner The lew requires that the deeth certificate be executed ettending physicien and for use as the buriel-transit Box 68760, Physician/Medical ed by the e Division of Vital Records, P.O. signed by t þ should I Completed hes page certificate or Attending Physician: director, Be 9 After this funeral Certification: death. i Director: / In by within 24 hours a To the Funeral D completely filled Hospital 29a, Certifian Medical To the

5. Social Security Number 220-24-5841 Usual Rasidance of Decedant 10a. Stata Md. Director 10e Street and Number 3457 11. Marital Status 3 ☑ Widowed 4 □ Divorced Elemantary/Secondary (0-12) 8 yrs. Patrick Mahon 20a. Method of Disposition 21. Signature of Fundral Sen Immediate Ceuse (Final disease or condition resulting in death) Sequantially list conditions, if any, laading to immadiata cause. Enter Underlying Cause (Disease or Injury that initiated evants rasulting in daath) Last Pert tl. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

Johns Hopkins Bayview Medical Center 6. Sax 7. Aga (In yrs. last birthday) If Undar 1 Year Months 1□M 200 F 84 10b. County 10c. City. Town or Location Baltimore Dundalk 10f. Zip Coda McShane Way 12. Was Decedant Evar in U,S. Armed Forcas? 1 Nevar Married 2 Married ☐ Yas 2 No f Yas, Giva Yaar or Datas: 15. Decedant's Education (Specify only highast grada completed) Collaga (1-4or 5+) 17. Fathar's Nama (First, Middla, Last) 19a, Informant's Name/Relationship (Type, Print) Evelyn Elizabeth 20b. Place of Disposition (Nama of cematary, crematory or other place) 1 ☐ Burial 2 【Crametion 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Othar (Specify) Metro Crematory

21222 USA 13. Was Decedant of Hispanic Origin? (Specify Yas or No-II Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian. Black, Whita, atc. 1 ☐ Yas 2 ☑ No Specify: Specify: White

8. Data of Birth (Month, Day, Year)

Jan10,1912

16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry Housewife Home

18. Mothar's Nama (First, Middla, Maiden Sumama) Rosa Lois Thompson Thompson

10g. Citizan of What Country?

19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 3457 McShane Way Dundalk Md. 21222

Data

20c. Location - City or Town, Stata Baltimore

22. Nama and Addrass of Facility

Connelly Funeral Home Of Dundalk

8-16

23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List *only* one cause on each line.

Due to (or es e consequance ot)

Altered most Due to (or as a consequence of)

Dua to (or as a consequence of):

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Linknown

24e. Wes an autopsy performed?

24b. Were autopsy tindings available prior to completion of causa of daath?

Approximata Interval Batween Onsat and Death

1-2hours

1 Yas 2 No 26. Placa of Death (Check only ona)

28d. Dascribe how injury occurred

1 ☐ Yas 2 No

25. Was casa ralarred to medical axaminar? 1 Yas 2 No 27. Mannar of Death

1 Naturel

2 Accident

3 Suicida

4 Homicide

5 Panding invastigation 6 Could not be datarmined 28a. Deta of Injury (Month, Day Year)

luna

Hospital:

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Tima of

28a. Place of Injury - At homa, farm, straat, factory, office building, etc. (Specify)

Othar: 4 Nursing Horna 5 Rasidence 6 Othar (Specify) 28c. Injury at Work?

1 Tyes 2 No

28f. Location (Street and Number or Rural Routa Number, City or Town, State)

1 Certifying Physician: To tha best of my knowledge, deeth occurred et tha time, data and place, and due to the cause(s) and mannar as stated.

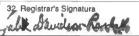
2 Medical Examiner: On the basis of examinetion and/or invastigation, in my opinion, deeth occurred et tha time, data and place, and due to the cause(s) and mannar stated. 29b. Signature and title of certifier.

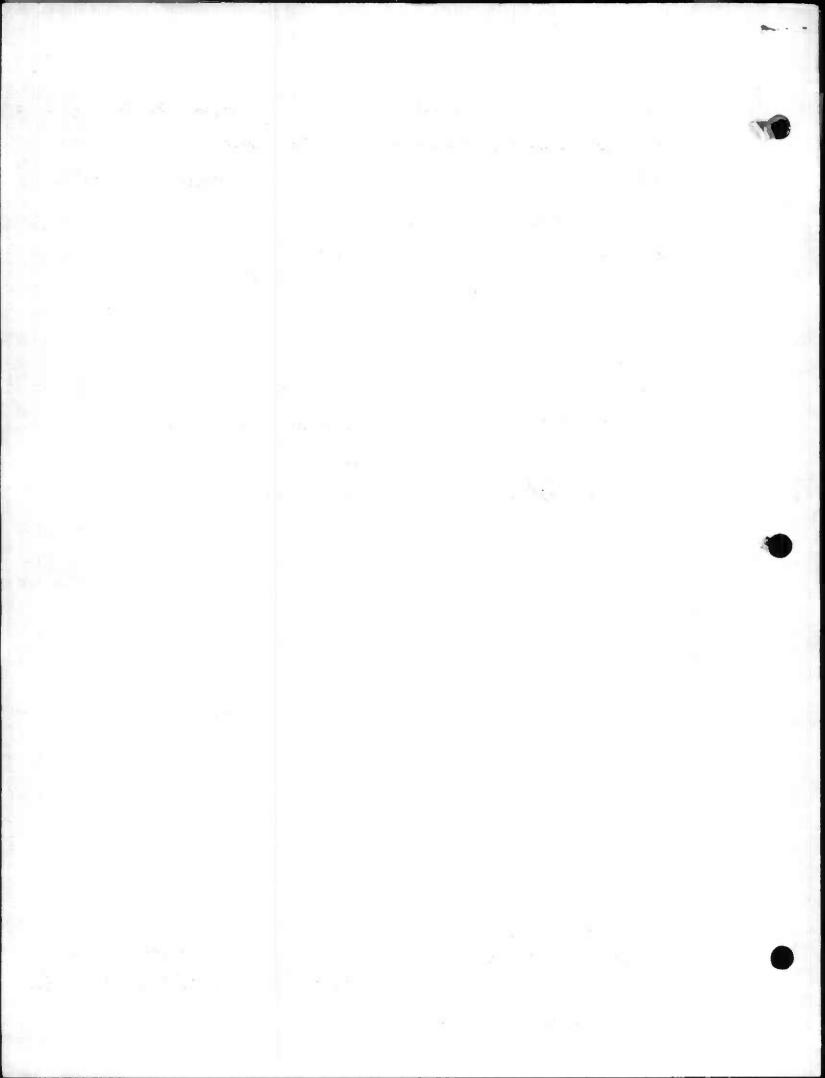
29c. Licansa number A34147357 29d. Data signed (Month, Day, Year) August 15,1996

he telling 30. Name and addrass of person who completed causa of deeth (Item 23e) (Type, Print) Johns Hopkins Bayview Medical Dr. Theodore

Center 21224 4940 Eastern Avenue, Balt. MD

State Registrar 31. Data filad (Month, Day, Year)





Please Type or Print In Black indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

			State of Ma	-			Death		Reg. No.	96	24468	
Physici /Medi		1. Decedant'a Nama (First, Middla, Last) Robert F	orest A	ANDERSO	V			2. Data of De Month August	Day	Year 1996	8:20 AW	
Examir Funeral		4a. Facility Neme (If not institution, giva si Washington County 5. Social Security Number 6. Sax	Hospital	(In yrs. last birt	840	Jndar 1 Yee		8. Dete of Bir (Month, Da	Was	hingt	On place (Stata or Foreign	
Director		Usual Rasidance of Decedant			Yrs.			July 10	uly 10, 1917 Virginia			
Hebow find at	Director	10a. State 10b. County Florida Citrus	10c. City, Town or Location Beverly Hills							1	10d. Inside City Limite P⊡ Yas 2 □ No	
or 28		10e. Street and Numbar	10f. Zip Coda						10g. Citizen of	Whet Cour	ntry?	
filed within 72 hours eiter death with the Maryland Hygiene. ther than "natural", or flems 23a or 28a-f show ont, the Medical Examinat must be notified at	Funeral	1 ☐ Nevar Merried 2 ☐ Married	2. Wes Decedent Ev Armad Forces? 1 ☑ Yas 2 ☐ No			34465 Decedent of , specify Cul	Hispanic Origin? (Specify Yes or No- iban, Maxicen, Puarto Rican, etc.)		U.S.A 14. Rec Bla Specif	14. Rece - American Indian, Black, White, atc.		
itel Hygiene. d other than "natural", or frems 23s or 28s-4 show event, the Medical Examiner must be notified at	Be Completed by	3 Wildowed 4 Divorced If Yas, Giva Yaer or Datas: W . 15. Decedant's Education (Spacify only highast grada complated) Elamantary/Secondary (0-12) Collega (1-4or 5+)			16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use ratired) 16b. Kind of Busines				usinass/in	ss/Industry		
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olth and 27 ie m r traum		19a. Informant'a Name/Ralationship <i>(Typ</i> Mrs. Clova J. Ander					rrison St				Coda)	
五百名		20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ra	moval from Stata	1	y, cramator	y or other pl		Data	20c. Location	,		
Department of Important: If any Injury or once.		4 □ Donation 5 □ Othar (Specify) 21. Signeture of Funaral Sarvice Licansee	m.	Cedar	22. Nar	me end Addr	ial Park	Minnic	h Funera	1 Hon		
2000		23a. Part. Entar tha disaasa, or complic shock, or haart fallura. List only one	ations thet causad to causa on each line	ha daath. Do n							Approximata Intarval Batwaan	
hysician /Medicai xaminer		Immediata Causa (Final disaasa or condition rasulting in daath) a.	5	leps1	Š						Onsat and Death 3 Weeks	
sit	Examiner	b.	100	wa to (or as a c		e ot):				1	3 weeks.	
e ettending physician and d for use es the buriel-transit	edical Exar	Saquantially list conditions, if any, laading to Immadiata causa. Entar Undarlying Causa (Disaase or Injury that Initiated evants	Chrismi	ua to (or as a consequence of): — Ohstative Dulming Que to (or as a consequence of):			ours	i'sere		unthem		
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h. After this funeral di	ition: To Be	25. Was case rafarrad to medical axaminar? 1 ☐ Yas 2 ☐ 1 ☐ Ho 27. Manner of Death 1 ☐ Natural 5 ☐ Panding 2 ☐ Accidant Invastigation	28c. Inju	26. Placa of Death (Check only ona) Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) Injury at Work? 1 Yas 2 No			(y)					
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within 24 hours af To the Funeral Di compietaly filled is	edicai	29a. Cartifiar (Check only one) 1 ☐ Certifying Physic 2 ☐ Medical Examine	clan: To the bast of er: On the basis of e and manner state	xaminetion end	daath occu Vor invastig	irred at tha t atlon, in my	ima, data and place opinion, daath occu	, and dua to tha rred at tha tima,	causa(s) and madata and place,	annar as s and due to	tated. o the cause(s)	
To the comp	Me	29b. Signetura and tifle of certifiar	MO	1			rse number		29d. Dete signe		Cole, The Cole	
		30. Nama and addrass of person who com	pleted sausa of das	ath (Itam 23a) (T	Type, Print)	1282	7288 J OAKIM HALLEST	THE AVE	MARYUM	0 :	21740	
Sta Registr		31. Data filed (Month Cex Year) 5 199	6 32. Propistrar	s Signatura	2.64				1			

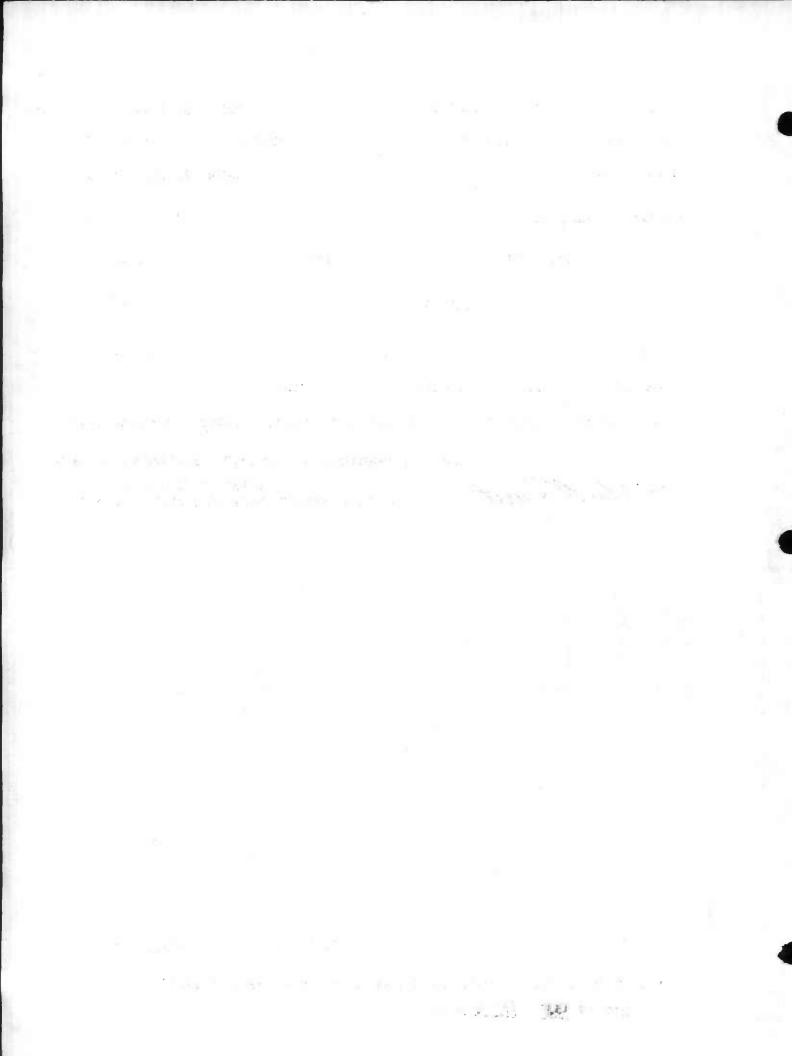
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State

Registrar

31. Date filed (Month, Day, Year)

AUG 0 8 1996



State of Maryland / Department of Health and Mental Hygiene

tal Hygiene 96 24470

						Cer	tificate	of	Death		B	eg. No.		64410	
		ш	1. Decedent's Name (First, Middla, La	ist)							2. Dete of Dee	th		3. Time of Deeth	_
	Physic		TO THE WAY TO SEE	Ruth W	. Ack1	PV					Month 8	Dey	Yeer	6 11:00am	
1	/Medi		4a. Facility Nema (If not institution, given		HORL	<i>C y</i>			4h City To	wn or Lo	cation of Death		inty of Death	J II: UU alli	
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			138 Round Bay				Williams 4		Seve	rna	Park		e Ari		
	Funeral			Sax 7. Ag 1□M 2√□F	e (In yrs. last b		If Undar 1	Days	If Under Hours	Min.	8. Date of Birth (Month, Day)	Year)	9. Birth	pieca (Stata or Foraign ntry)	
	Director		218-20-03/8		82	Yrs.					8-19-	1914		W York	
1	pu ,	1	Usual Residence of Decedent		10. Oh. T.										_
	ahou a	_	10e. State 10b. County		10c. City, Tov	wn or Lo	cation							10d. Inside City Limits	
	M P	cto	Maryland Anne	Arundel	Seve	rna	Park	(1 ☐ Yas 2 No	
	7 28 X	Director	10e. Street and Number				10f. Zip C	ode			1	0g. Citizen	of Whet Cou	ntry?	
	3a c		138 Round Bay	Road					2114	6			USA		
	Jeeth Jeeth	Funeral	11. Meritel Stetus	12. Wes Decedent	Ever In U,S.	13. V	Ves Decedar	nt of I-			cify Yes or No- Rican, etc.)	14. F	Race - Americ	can Indian,	
	Te for	F	1 Never Merried 2 Married	Armed Forces? 1 ☐ Yes 2 ☒ I		it	Yes, specify	/ Cub	en, Mexicar	n, Puerto I	Rican, etc.)	E	Black, White,	etc.	
22	within 72 hours effer death with the Maryland ena. then "naturel", or items 23s or 28s-f show he Medical Examiner must be incified at	þ	3 Widowad 4 □ Divorced	If Yes, Give Yeer or Detes:		1	☐ Yes 218	ON D	Specify:			Spe	ecify:	nite	
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7	Hygin Hygin	ŭ	17. Fethar's Nema (First, Middle, Last	1							(First, Middla, I				-
an	od fa	Be	Tr. College of College (Final College of Col						10. 100011			FIBIOGIT CON	ranna)		
3	should be and Mental marked or umatic eve	2		David W							nknown				
Maryland 21215-0020	2 shc end le m		19e. Informent's Neme/Reletionship (Type, Pnint)	19	b. Meiiin	g Addrass (S	Street	and Numb	er or Rura	l Route Number	, City or To	wn, Stata, Zip	o Code)	
	Heelth Heelth em 27 I		Paul Brunell						leck	Road	l, Pasa	adena	, MD	21122	
ore			20e. Method of Disposition	30	20b. Pieca o	of Dispos	sition (Name natory or other	of er pla	ce)		Dete	20c. Locatio	on - City or To	own, Stata	
Ĕ	Peges nent of I ant: If its ary or o		1 ☐ Buriel 2 ☑ Cramation 3 ☐ 4 ☐ Donetion 5 ☐ Othar (Special				remat	·		2-06		22+02	evil1	le, MD	
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			100000		-//	49	5 Rit	c h	ie H	wy.,	Seven	na P	ark,	MD 21146	
			23a. Part1. Enter the disease, or com shock, or heart failure. List only	one ceuse on each	the deeth. Do	not ante	er the mode o	of dyli	ng, such as	cardiec o	r respiratory err	est,	1	Approximate Intervai Between	
1	Physician			7	1 1.	N.	10		1		note	*	¥	Onset and Deeth	
400	/Medical Examiner		immediate Cause (Final disease or condition	.00	Unun	MC	(a)	11/5	1/10/2	w of	PUW	9	-	200W	
	LAGITITICI		resulting in death)	RI	Due to (or as y	Onseq.	uence of):	-	A	1 1	(/	/^		1800	
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oʻ	execut an and riel-trar		Sequantially list conditions, if eny, leeding to immadiata cause. Enter Underlying Cause (Disease or Injury				/		/				0		
68760,	ertificate be executed fing physician and se as the buriel-transit	/Medical	that infleted events	c	Due to (or as a	consequ	enne off:								-
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×	9 5 0	3	_	d											
Bo	that the death co	Physician													
o.	0 0 0	ysi	Pert II. Other significant conditions of	contributing to death b	ut not resulting	in the un	derlying cau	ise giv	ven in Pert i	l.	23b. Did to	bacco uss	contributs t	o the cause of death?	
Q	that the ed by th detach										1 □ Y	88 2 0 N	o 3 Pro	bably 4 Unknown	n
JS,	8 5 8	þ											T		
Record	requires been sign should be	Completed									24a. Was a perform		av.	ere autopsy findings	
9	- H 69	pje											of	ompletion of ceusa death?	
	0 - 7	0									1 🗆 Y	00 2 DN	10	☐ Yes 2☐ No	
Vital	ician: The certificate rector, pag	BeC	25. Was case referred to medical						28 Place	of Deeth	(Check only or	w /			-
	Physician: this certific rel director,	0	examiner?	Hospitel:	nt 2 ER/O	utnation	3 DOA	Oth	hor	ursing Hor	1/1		Other (Specia	44)	
of	Physical control of the control of t	<u>-</u>	27. Manner of Deeth	28a. Date of Inju		Time of		. Inju		173	8d. Pescribe h			97	-
o	Attending I or death. ector: After by the funer	tior	1 Naturel 5 Pending Investigatio	(Month, Day		Injury	м		rk? IYes 2.⊡	No	1				
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Division	or Attendation of Attendations	Certification:	4 ☐ Homicide determined	28e. Piece of Injusting, etc.		eini, alie	et, rectory, c	JIIICO			City or Town	n, State)	iniber of ridi	arriodic ranibor,	
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completaly lilled in by the funeral		00-0-0-												
	Hospital 24 hours Funeral etaly lilled	edical	Check only 2 Medical Exar	ysician: To the best onliner: On the basis of	of my knowledg exemination a	e, deeth	occurred at estigetion, in	the til	me, dete en opinion, des	d place, e	and due to the care of the time, d	ause(s) and ete end pled	manner as s ce, and due t	stated. to the cause(s)	
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	or w or or or or or or or or or or or or or	Σ	29b. Signatura and titie of cartifier	YVINT	6				sa number	= 7		-	gned (Month,	Day, Year)	
			THINK!	MIM	()			1)	158	60		4	5-1	16	
			30. Neme end/address of person who	completed cause of d	eath (flem 23e)	(Type, F	Print)		0	-				V	-
			325 HOSDITAL/ N	siva sist	te 20	86	len B	nr	nie	mi	2106	1			
	Sta	te	31. Dete filed (Month, Day Year) AUG 0.5 1996	32 Registro	are Signatura			V.1	1110						
	Registr		AUG 05 1996	Jula D	evidson-A	andel	2								

State of Maryland / Department of Health and Mental Hygiene

21,471 Certificate of Death 1. Decadent's Neme (First, Middle, Lest) 2. Dete of Deeth **ASHCRAFT Physician** ELDON Month Y 1996 05:49PM /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner Cheverly Prince George's Prince George's Hospital Center If Under 1 Yeer 5. Sociel Sacurity Number 7. Age (In yrs. last birthdey) If Undar 24 Hrs. 6. Sex **Funeral** 8. Dete of Birth (Month, Day, Year) Birthplece (State or Foreign Country) ₩ M 2□ F Months Deys Hours Yrs. Director 460 36 2949 Oct. 8, 1928 Texas Usuel Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at Maryland Director Prince George's Mitchellville XX Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizan of What Country? ò death with Items 23a 12005 Cleaver Drive 20721 United States 12. Was Decedent Evar In U,S. Armed Forcas? 1 ☐ Yes 2 ☐ No If Yes, Give Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, atc.) Raca - American Indian, Black, White, etc. permit. Pages 1 end 2 should be filed within 72 hours efter of Department of Health end Mental thygiene. Important: If item 27 is marked other than "natural", or Item any Injury or other traumatic event, the Medical Examines once. 1 Never Married XX Married 1 Yes 2√No Specify: þ Specify. 3 ☐ Widowed 4 ☐ Divorced eer or Datas: WWII White Be Completed 15. Decadent's Education (Specify only highest grede completed) 16e. Decadent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) Cotlege (1-4or 5+) Revenue Agent U.S. Government 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) 2 James Sterling Ashcraft Opa1 Hulsey 19a. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 12005 Cleaver Drive Mitchellville Md. 20721 Elisabeth Ashcraft Wife 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burlal 2 € remetion 3 ☐ Removel from Stata 4 ☐ Donetion 5 ☐ Other (Specify) 7/25/96 Metropolitan Crematory Alexandria Virginia 21. Signeture of Funerel Servica Licansea 22. Name end Address of Fecility Robert E. Evans Funeral Home, P.A. Vans over Tros. 16000 Annapolis Rd. Bowie Md. 20715 23e. Pert1. Enter the disease, or complications thet caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximeta Intervel Between Onset end Deeth **Physician** Cardio - respiratore failure

Due to (or es e consequenca ot):

Acuté my ocur dial injare Visi. /Medical Immediete Ceuse (Finel disaese or condition resulting in deeth) Examiner Examiner The law requires that the death certificate be executed siclan and bunal-trans Sequentielly list conditions, if any, teeding to Immediate cause. Enter Underlying Couse (Diseese or Injury that initieted events resulting in deeth) Lest Physician/Medical the Due to (or as a consequence of): for use es Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Pert i. 23b. Did tobacco use contribute to the cause of death? signed by d be detact 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown ð page 2 should 24b. Were autopsy findings aveilable prior to completion of causa of deeth? Completed 24e. Wes en eutopsy performed? peen After this certificate 1 ☐ Yes 2 1 No 1 ☐ Yes 2 ☐ No or Attanding Physician: Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) in 24 hours after death.

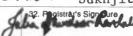
24 hours after death.

the Funeral Director: After this control in the funeral director in the funeral director. 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 27. Menner of Deeth 28a. Dete of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 1 Neturel 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Sulcide Pleca of Injury - At homa, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Steta) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, and due to the cause(s) and menner as stated.

2 Medical Examtner: On the besis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end placa, end due to the cause(s) end menner stated. 29e. Certifier Medical To the Hosp within 24 ho To the Fune completely fi (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Data signed (Month, Day, Year) ellelle 30. Neme and eddress of person who completed cause of death (Item 23e) (Type, Print) SUKHJIT.S. SIDNU. Sukhjit Sidhu M.D. P.G. Hospital Cheverly Maryland

State Registrar 31. Dete filed (Month, Day, Year)

JUL 31 1996



21215-0020

Baltimore, Maryland

Box 68760.

P.O.

Records,

of Vital

Division

State of Ma

BARKER

	2. Date of Death		3. Time of Deeth
Certificate of Death	Reg. No.	30	24472
aryland / Department of Health and I	Mental Hygiene	00	011 ====

Physician /Medicai Examin

SHARON C.

1. Decedent's Neme (First, Middle, Last)

1:30 PM

AUGUST 04 1996

Funerai

Director with the Meryland

permit. Pages 1 end 2 should be filed within 72 hours efter death with the Merylan Department of Heelth end Mental Hygiene. Important: If them 27 is marked other than "natural", or items 23s or 28e-f show any injury or other traumatic event, the Medical Evantinet must be profiled at once.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

To the Hospital or Attanding Physician: The law requires that the death certificate be executed within 24 hours afferdeath.

To the Funeral Director: Affer this certificate hes been signed by the ettending physician and completely filled in by the funeral director, page 2 should be deteched for use as the bursel-tensit

Division of Vital Records, P.O. Box 68760,

5901 JOHN ADAM	street and number) SDRTVE			TEMPL	or Location of De		ty of Deeth	RGES
5. Social Security Number 6. S		In yrs. last birti		/ear If Under 24 I	Hrs. 8. Date of I	Birth Day, Year)	9. Birthplace (\$ Country) 48 Maryla	State or Foreig
Usual Residence of Decedent								
10a. State 10b. County	1	IOc. City, Town	or Location				1	side City Limit
Maryland Prince G	eorge's	Camp	Springs				1	Yes 2
10e. Street and Number 5901 John Adams	Drive		10f. Zip Co	20748		10g. Citizen of	Whet Country?	
							States	
11. Marital Status	12. Was Decedent Eve Armed Forces?		13. Wes Decedent if Yes, specify	t of Hispanic Origin? Cuban, Mexican, Pe	(Specify Yes or luerto Rican, etc.)	No- 14. Re Bi	ice - American indi ack, White, etc.	ian,
1 ☐ Never Married	1 ☐ Yes XX No if Yes, Give Year or Detes:		1□ Yes 💥 💢	No Specify:		Spec	//y: White	
15. Decedent's Ed	ucation	16a.	Decedent's Usual O	ccupetion		16b. Kind of	Business/Industry	
(Specify only highest grade Elementary/Secondary (0-12)	de completed) College (1-4or 5+)		(Give kind of work d life. DO NOT use re	lone during most of etired)	working			
10	College (1-401 54)		ook			Unive	rsity Of	Maryl
17. Father's Name (First, Middle, Last)				18. Mother's	Name (First, Midd	ile, Malden Suma	me)	
Owen Ellsworth	Gamble			Edna	Lee Patt	con		
19e. informant's Name/Relationship (7 Stephen J. Barke			Meiling Address (Si 01 John A					
Oa. Method of Disposition			Disposition (Name of		Dete		- City or Town, St	
1 ☐ Buriai 2 ☐ Cremation 3 ☐	Removel from State	cemetery	r, crematory or other	r place)				
4 ☐ Donation 5 ☐ Other (Specify 11. Signature of Fungal Service Licen-		euar H	ill Cemet	ery Aug 8			nd, Maryl	
DAR L				ia Ferry				
23a. Part Line the disease, or comp shock or heart failure. List only o	liantines Manager 4 Ma	- death Dear		-				ximete
disease or condition	e. Arterios		tic Caro			sease		t end Death
disease or condition resulting in death)	Du	ue to (or es a c				sease		end Death
immediate Ceuse (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest	b	ue to (or es a c	onsequence of):			sease		end Death
disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury thet initiated events resulting in death) Lest	Du d	ue to (or as a co	onsequence of): onsequence of): onsequence of):	diovascu	ılar Di		ontribute to the co	
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disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest	Du d	ue to (or as a co	onsequence of): onsequence of): onsequence of):	diovascu	23b. Di	d tobacco usa c	ontribute to the co	opsy findings opior to no of cause
disease or condition esulting in death) Sequentielly list conditions, any, leeding to immediate ause. Enter Underlying ause (Disease (Disease or Injury het initiated events esulting in death) Lest	Du d	ue to (or as a co	onsequence of): onsequence of): onsequence of):	diovascu	23b. Di	d tobacco usa c □ Yes 2□ No as an autopsy	ontribute to the co	opsy finding: prior to on of cause
Sequentielly list condition, and it is conditions, any, leeding to immediate ause. Enter Underlying Jause (Disease or injury net initiated events esulting in death) Lest OBESITY 5. Was case referred to medical examiner?	b	ue to (or as a co	onsequence of): onsequence of): onsequence of):	diovascu e given in Part i. 28. Place of	23b. Di	d tobacco usa c Yes 2□ No as an autopsy rformed? Yes 20 No	ontribute to the contribute to the contribute to the contribute to the completion of death?	opsy finding prior to on of cause
Ilsease or condition esulting In death) Gequentielly list conditions, any, leading to immediate ause. Enter Underlying Jause (Disease or Injury net initiated events esulting in death) Lest OBESITY 5. Was case referred to medical examiner? Yes 2 No	b	ue to (or as a co	onsequence of): onsequence of): the underlying cause	e given in Part i. 28. Place of Other: 4 Nursin	23b. Di	d tobacco usa c Yes 2 □ No as an autopsy rformed? Yes 2 □ No y one)	ontribute to the constitution of death?	opsy finding prior to on of cause
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State Registrar

31. Dete filed (Month, Day, Year) AUG 0 7 1996

32. Registrar's Signature

Faire daysless Reveall

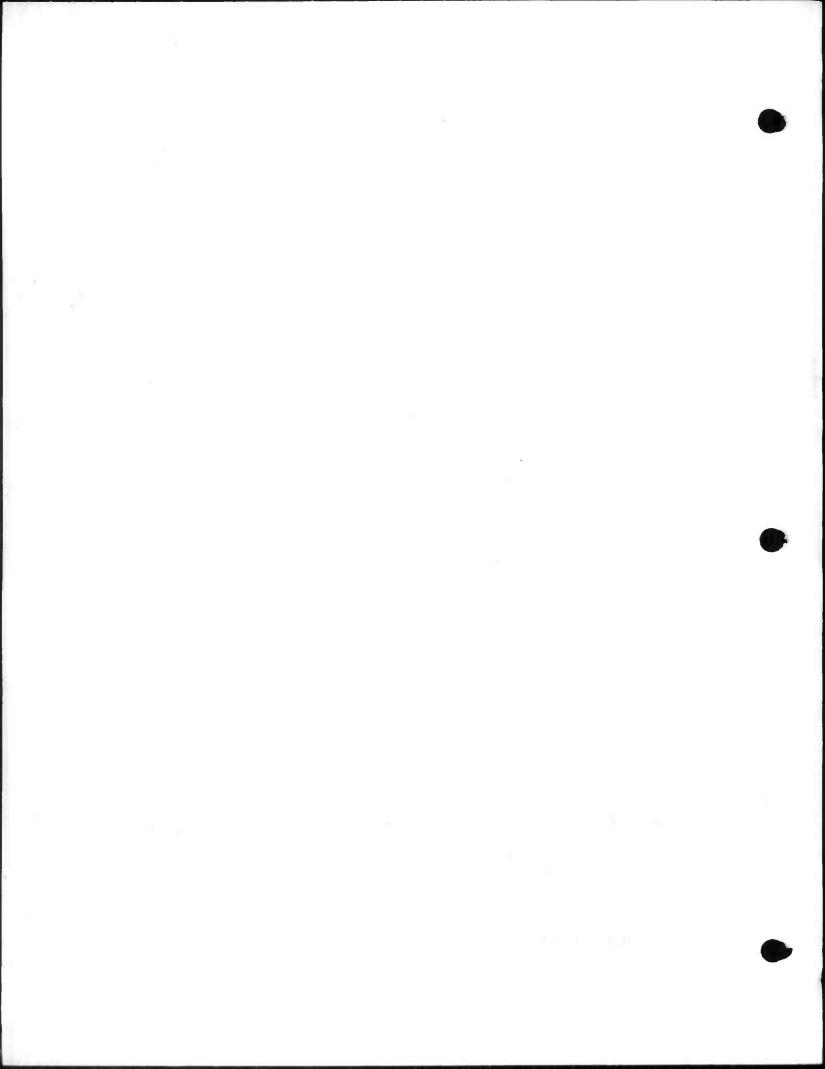
CONTRACTOR OF THE CONTRACTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

					-		IOAII	_ 01	DLA	111		HEG. NO.			
		1. DECEDENT'S NAME (First, Middle, La Helen Baken	Helen A	nn B	AKER						2. DATE O	F DEATH D	l', 19	996	2:03 PM M
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE	(In yrs. lest	birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7 DATE O	E MINTH	$\overline{}$	a. SIRTHE	PLACE (State or Foreign
pin		214-46-5358 9a. FACILITY NAME (If not institution, gir	1 M 2 X F		81	YRS.	MONTHS	DAYE	HOURS	MIN.	OCt.	20,1			Virginia
2, 3 should	œ								OR LOCATIO	ON OF DE	EATH			TY OF DE	
1, 2,	DIRECTOR	College View Co	enter				Fr	edei	rick				Fre	ederi	CK
Sec	H H	10e. STATE 10b. COU	NTY			10c, CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY
permit. Pages		Maryland Fr	<u>rederick</u>			Fr	eder								LIMITS?
15	FUNERAL	8401 William Dri	ve					10	2170				US/		HAT COUNTRY?
physician. burial-transit	5	11. MARITAL STATUS	12. WAS DECEDEN				13.	WAS DE	CENDENT O	F HISPAN	IIC ORIGIN?	(Specify Yes		14. RACE	- American Indien,
attending phy se as the bur	ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1			0			pecify Cuba S 2 X NO	n, Maxica Specify	n, Puerto Rio /:	cen, etc.)		Specify	White White
use a	Ä	15. DECEDENT'S E (Specify only highest gra			16a. DEC	EDENT'S	USUAL O	CCUPATI during m	ION ost of workin	0	16b. F	CIND OF BUS	SINESS/INO		D.I. 0. T.I.
retained by the hospital or attending 5 should be detached for use as the notified at once.	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)		each					Ве	rkele	у Соц	ınty	Bd. of Ed.
by the hose be detach	E CO	17. FATHER'S NAME (First, Middle, Last) David Levi	LeFeure									eth M		ام	
5 should notified	00	19a. INFORMANT'S NAME (Type/Print)		- .	19b.	MAILINO	AODRES	S (Street				r, City or Town			
	5	Karen B. Rudisi]]			8401	Wil	lian	n Dri		Frede	rick,	MD.	2170	
e 6 ma ector, p must		20a METHOD OF DISPOSITION 1 VBurial 2 Cremetion 3 R 4 Denation 6 Other (Specify)	- 1		PLACE A		Cellet	ery		_	6, 1996		rstown		rn, State
death. Pag tuneral dir J. examiner		21. SIGNATURE OF PENERAL SERVICE	Ohn		_				E FUNE			P.0.B	ox 348	Will	iamsport,Md.
after by th nova		23. PART i. Enter the diseases, o	or complications the	t coused	the dea	th. Do n	ot enter	the mo	ode of dvi	ng. aucl	h an cardia	C or respi	ratory arr	not.	Approximate
y filled in tion, or re		immediate cause (Final disease or condition resulting in death)	a. Pheur	10NI	ach line.								and y and		interval Between Onset and Death
ertificate be executed within ng physician and completely giene prior to burial, cremati other traumatic event, t	N	Sequentially list conditions,	- Cop	0											
rite be exprision a prior to	CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	OUE TO	(OR AS A	CONSEQ	UENCE OF	7):								
certifica ding ph tygiene r other	THE.	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A	CONSEC	UENCE OF	7):								
death atten ental H	E I		d												1
5 7 5	A	PART ii. Other eignificant conditi	one contributing to	deeth b	ut not re	sulting I	n the un	derlyin	g cause g	iven in	Part i. 2	4a. WAS AN			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
# 8 E W	AEDICAL	Dementia									_	YES 2			COMPLETION OF CAUSE OF DEATH?
requires en sign of Heal	ME														1 YES 2 NO
2 0 2 2		DID TOBACCO USE CON	TRIBUTE TO CA	USE O	F DEAT	H YE	S 🔲 I	NO E	3 UNC	ERTAIN	۱ 🗆 ۱				
N: The law scate has b State Dept.	2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE	OF OEAT	H (Check								
SICIAN: The las certificate has the State Dep 1, or item 23	PHYSICIAN:	1 YES 2 WNO	1 - Inpetient 2 -		offent 3 (4 🕒 Nun	sing Hon		eldence	6 Other (Specify)			
PHY this	ВУ РН	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigatio	28a. OATE OF (Month, D			286. TIMI	E OF URY M	WC	JURY AT DRK? YES 2	NO NO	28d. DESCI	RIBE HOW IN	JURY OCC	URED	
O A P N	0	3 Suicide 8 Could not be determined	28e. PLACE O building,	F INJURY etc. (Spec	— At hom	ie, farm, s	treet, fact	ory, affic	00		28t. LOCAT City or	ION (Street a Town, State)	nd Number	or Rural Ro	ute Number,
	LET	29a, CERTIFIER 1 CERTIFYINO PH	/SICIAN: To the best of	my knowl	ledge des	th occurre	d at the t	lme data	and place	and due	to the amore	(a) and man			
THE HOSPITAL THE FUNERAL filed within 72 I	COMPL	one) 2 MEDICAL EXAM	NER: On the basis of ex												and manner as stated,
TO THE HOSPIT TO THE FUNERA DE filed within 7 IMPORTANT: I	TO BE	296. SIGNATURE AND TITLE OF CERTIF	ande 1	MO)				29c. LICE			MD	29d. DATE	SIGNED (Month, Day, Year) 96
		30. NAME AND AGORESS OF PERSON Y EUGLUL S 21. DATE EILED (Marsh On You)	CASAGR	ANG	e	F	Print) PARK	VIE	W	MED	CAL	ND CE	NTE	RI	PREDERICK MD 21704
		31. DATE FILED (Month, Day, Year) AUG 0 5 K	96 James	H'S SIQN	or R	rdall.									
_			-												

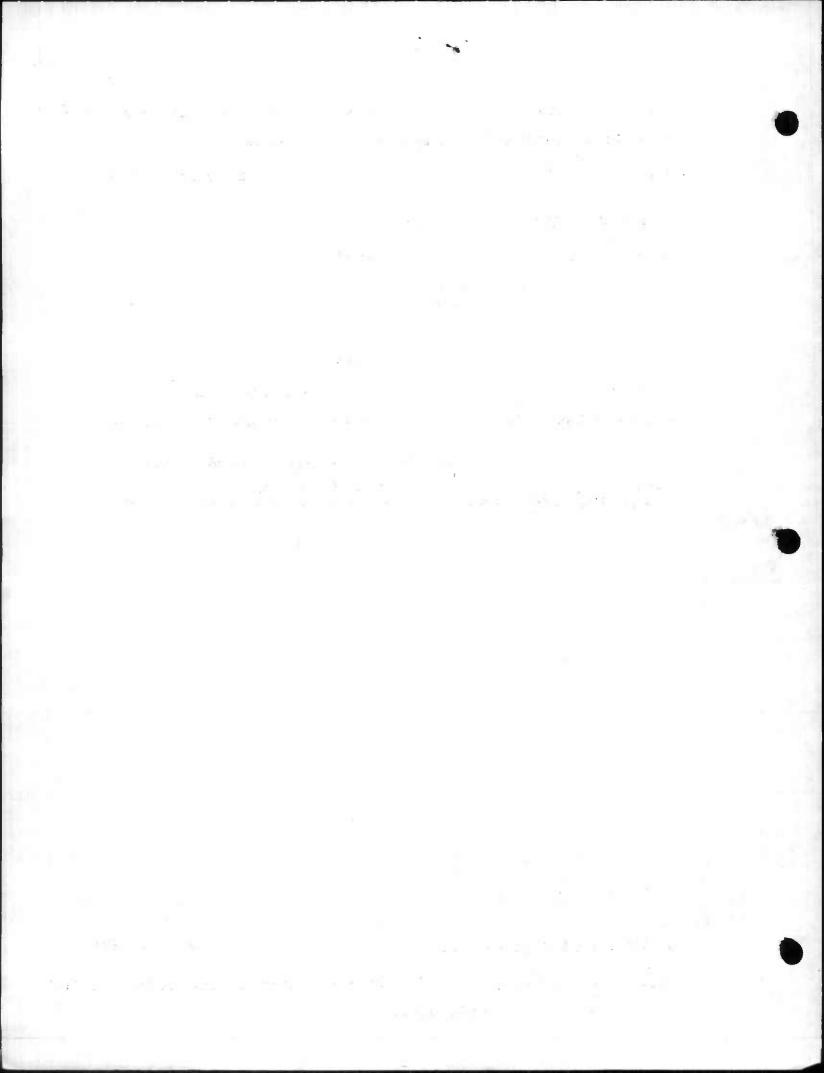


State of Maryland / Department of Health and Mental Hygiene 96

24474

						Ce	rtificat	te of	Death		Reg. No.	20	
	11.		1. Decedent's Name (First, Midd	fle, Last)						2. Date of C	eath		3. Time of Death
J.	Physic /Mod		Carl	Kenneth			Barl	Ane		Month	Day 26	Yeer	0900 AM
	/Medi Exami		4e. Facility Name (If not institution		ium <i>ber)</i>		Dati	aye	4b. City, Town,	or Location of Dea	26 ith 4c. Cou	1996 nty of Death	
	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		University of	Maryland	Medical	Syste	em		Baltim	ore			
	Funeral Director	Γ	5. Social Security Number 343–22–9848 Usual Residence of Decedent	6. Sex 13☑ M 2□ F	7. Age (In yrs. le 68			n 1 Year Days	If Under 24 I		irth Dey, Year) 1928	9. Birth Cou Illi	place (State or Foreig intry) NOIS
	anyland ahow det	_	10a. Stete 10b. County	y	10c. City,	Town or Lo	ocation						10d. Inside City Limits
	h the Maryland r 28a-f ahow s notified at	Director	Maryland Worce 10e. Street and Number	ester	Poc	comoke	10f. Zip				10g. Citizen	of What Cou	1 A Yes 2 No intry?
	th wit	alD	17 Clarke Avenu	i e			218	351			US	Δ	
	dea Lucia	Funeral	11. Merital Status	Armed F	cedent Ever in U,S				dispenic Origin?	(Specify Yes or Nuerto Rican, etc.)	lo- 14. F	ace - Amer	
0020	within 72 hours after death with the Manyland ena. than "natural", or items 23s or 28s-f show fre Medical Expresse must be notified at	Ď	1 ☐ Never Married 2 ☐ Mai 3 ☐ Widowed 4 ☐ Divorce	rried 14 Yes	2 No NAVY Dates Korean	7	1 ☐ Yes			ierto rican, etc.)		sleck, White ^{cify:} Whi	
2-	72 h	etec		nt's Education est grade completed	1)	16a. Dece	dent's Usus	el Occup	oation duning most of i	workina	16b. Kind of		
Maryland 21215-0020	0.0	Completed	Elementary/Secondery (0-12)		(1-4or 5+)	life.	oo voru: Vet∈	se retire	d)	, on the second			
2	0 = 0 5	Be	17. Father's Name (First, Middle,	Lest)		- t v y	-1000	st an i	18. Mother's N	Name (First, Middle	e, Meiden Sum	em <i>e)</i>	
Va		To	Harry Barlage						Glady	s Gertin	or		
a	d 2 should th end Mer 7 Is marke traumatic	ľ	19a. Informant's Name/Relation			19b. Maili	ng Address	(Street	end Number or	Rurel Route Num	ber, City or Tox	vn, Stete, Zi	p Code)
	1 end Health em 27 ther tr		Virginia Barla	ge/ Wife		17	Clark	e A	ve., Po	comoke C	ity, Md	. 218	351
Baltimore,			20e. Method of Disposition 1 Burlal 2 ☐ Cremation	3 DRemoval from		ca of Dispo	sition (Nar	ne of other ple	ce)	Date	20c. Locatio	n - City or T	own, State
E	Pag ment ant: i		4 Donation 5 Other (5			t Bap	tist	Ceme	etery	7/29/96	Pocomo	ke Cit	FW Wd
a	permit. Pages Department of Important: if it any injury or once.		21. Signature of Funerel Service	Licensee		22	2. Name en	d Addre	ss of Facility		12 0001110	AC_CI	Ly, IId.
	20599		Sixto	mol.	100				uneral I			2405	
	7113		23a. Part1. Enter the disease, o shock, or heart failure. List	complications that	caused the death.	Do not ent	er fhe mod	le of dyi	ng, such es card	flac or respiratory	errest,	21851	Approximate
-	Physician			only one edges on	odor aro.								Interval Between Onset end Deeth
	/Medicai		immediete Cause (Final diseese or condition	Mad	ssive Upp	or Ca	atroi	nto	ation 1	T			0 11-11-0
	Examiner		resulting in death)	e	Due to (or e				stillai_i	nellorrna	je		18 Hours
	D ##	ne		_ Esc	ophageal	Cance	r			*1			
_60	and and el-trans	Examiner	Sequentially list conditions, if any, leading to immediate		Due to (or a								
68760,	certificeta be executed ding physician and ise as the bunel-transit	edical	cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest	C	Due to (or a	s e conseq	uenca of):					<u> </u>	
	ndin use	3		d								1	
מ	death e atte	Physician	Pert II. Other significant condition	ona contributing to d	death but not resulti	ing in the u	nderlying c	ause giv	ren in Pert I.	23b. Dio	I tobacco usa e	contribute t	o the cause of death
	thet the led by th detache	Phy								1	Yes 2 No	3 □ Pro	bably 4 1 Unknow
S		by											
Hecord	lew requires es been sign 2 should be	Completed									s an autopsy omed?	6/	fere autopsy findings reilable prior to empletion of cause death?
	0 5 6	E								1□	Yes 2 No	11	☐ Yes 2☐ No
ā	rector, per	Bec	25. Was case referred to medica	I					26. Piece of D	Deeth (Check only	-		
> :	\$ 00 00	10	examiner? 1 ☐ Yes 2 ☐ No	Hospitet:	Inpatient 2 EF	R/Outpetien	t 3 DO	A Oth	or.	Home 5□ Res		ther (Speci	(v)
Division of Vital	After th funeral		27. Menner of Deeth 1 XNaturel 5 Pendir 2 Accident investi	28a. Date (Mor		8b. Time of Injury		8c. Injur Wor		1	how Injury occ		,,
SIVIS:	2 4 4 6	ertification:	3 Sulcide 6 Could determ	ined 286. Plac	e of Injury - At home ling, etc. (Specify)	e, ferm, str	eet, fectory	, offica		28f. Location City or To	(Street end Nur wn, Stete)	mber or Rur	el Route Number,
	vithin 24 hours after To the Funeral Dir completely filled in	edical C	29e. Certifier 1 Certifyin (Check only one) 1 Madical	g Physician: To the Examiner: On the b	pasis of examinetion	edge, death	occurred e	et the tir In my o	ne, dete and ple pinion, death oc	ce, end due to the curred at the time	cause(s) and r	manner as a	iteted. o the cause(s)
	within To the comple	Me	29b. Signeture end title of certifie		nner steted.		290	. Licens	e number		29d. Date sign	ned (Month	Dev. Year)
4	- ≯ ⊢ ŏ		\amender	170000				R84					
		10	xanene	NOSON	u			1.04	.00		July 2	0, 19	90
			30. Neme and address of person FEANETTE	WAZARI	AN	22 S	outh	Gre	ene Str	eet. Bali	imore.	Marvla	and 21201
	Sta Registra		31. Date filed (Month, Dey, Year)	32 F	Registrar's Signetur	Randal							

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96

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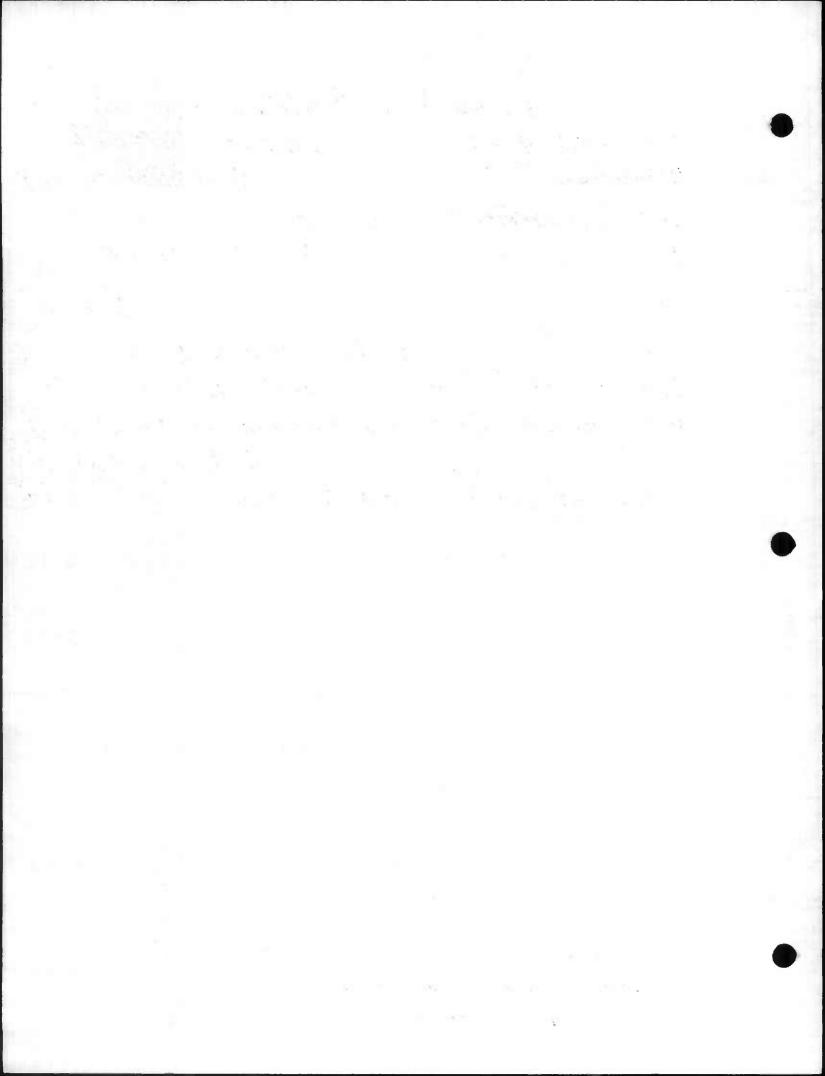
						Ce	rtificate	of	Death		F	Reg. No.		- "Y	710
	ıysicia Medic	ai .		lace B	ell						2. Data of Dea	OS /	Year 996	6	ma of Death
Ex	camine	er	4a. Facility Neme (If not institution, gi 5135 Eldorado						Rhoo	desda		Do	of Deeth rches		
Fun Dire	neral ector		210-40-2004	Sex. VXM 2□F	7. Age (In y 54	rs. last birthday) Yrs.		Yaer Deys	If Under	24 Hrs. Min.	8. Data of Birth Month, Day May 10	Year) 1942	9. Birthi	place (St ntry) Ma	tata or Foreign aryland
Maryland a-f show	ified at		Usual Rasidence of Decedant 10a. Stata 10b. County Maryland Dorche	ester	10c.	City, Town or Lo									de City Limits Yes 211 No
h with the	at be not	Funeral Director	10e. Street and Number 5135 Eldorado-Bro	ookview	Road		10f. Zip Ci 21	oda .65	9			10g. Citizan of V US		ntry?	
72 hours after death with the Maryland natural; or items 23a or 28a-f show	2	2	11. Meritel Stetus 1 Naver Married 2 Married 3 Widowed 4 Divorced	12. Was Dece Armed Fo 1 ☐ Yes If Yas, Giv Year or D	Prces?		Was Dacedar If Yas, specity 1 ☐ Yas 2Ž			gin? (Sp n, Puerto	ecify Yes or No- Rican, atc.)	14. Red Bia	ce - Americ ck, White, y: Wi		
d within giene.	he Medical	Completed	15. Decedent's E (Specify only highest gr Elementary/Secondary (0-12)	ducation ada complated) Collega (1	1-4or 5+)	(Giva	dant's Ususi (kind of work of DO NOT usa	ocup dona dona de retirec	eation during most d)	t of work	ring	16b. KInd of B			
d 2 should be filed the and Mental Hygie? 7 Is marked other))	To Be	17. Fathar's Nama <i>(First, Middla, Last</i> Wallace B. Bell	,							a (First, Middla, aret Lo			t	
nd 2 lith ar	2		19a. Informant's Name/Relationship (Bonnie M. Bell William) 20a. Mathod of Disposition		201		Eldora	ıdo			ral Routa Numbe W Rd Rh		e, Mo	d. 2	
ermit. Pages 1 a Repartment of Heam mportant: If Hem.	njury or o		1 Denation 3 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Speci	ty)	Ctoto	Cernetary, crea East Nev	w Marke	r plac	Cemet		8/8/96	East N			
Dept	amy		> HE WITH		accord the d		700 Loc	us	t St.	Cam	e, P.A. bridge,	Maryla	nd 2:		
Physic /Med Exami	lical iner	Jer	23a. Part Entar the disaasa, or con sheck, or haart failure. List only immediata Causa (Final disaesa or condition rasulting in daath)	a. Cor	nger	luic o (or as a consection Da	Chr				11	1431,		Onsat :	nos in Between and Death
eath certificate be executed attending physician and	se as the bur	Med	Sequentially list conditions, if any, leading to immediata ceusa. Entar Undarlying Causa (Disassa or Injury that initiated evants rasulting in death) Last	c	Dua to	o (or as a consec	quance of):								7 - 3
that the de	0	r Š	Part II. Other eignificant conditions of	contributing to de	eath but not i	rasulting in the u	indarlying caus	sa giv	an in Part I.	٠		obacco use co Yes 2 No			use of desth?
9 8	8 .	Completed by										an autopsy rmed?	av	ailable p	psy findings prior to n of cause
iclen: The	ector		25. Was case referred to medical examiner?	Hospitai:	inpatient 2	? ☐ ER/Outpetler	nt 35 00 A	Oth	or.		1 □ Y th (Check only o	na)			2 No
Wending death. ctor: After	y the funeral	Certification: 1	27. Manner of Death 1	28a. Date (Mont	of Injury th, Day Year,	28b. Time o Injury	f 28c			No	28d. Describe h 28f. Location (S City or Tow	now injury occur	red		Number,
To the Hospital or within 24 hours after To the Funeral Dire	etely filled		29a. Cartifiar Cartifying Pt (Check only one)	niner: On the be	best of my kesis of axam	knowledga, daati Ination and/or in	h occurred at I vestigation, in	ha tin my o	na, data and pinion, daat	d place, th occurr	and dua to tha c red at tha tima, c	causa(s) and ma data and place,	annar as s and dua t	itated. o tha ceu	use(s)
To the Within To the	dwoo		29b. Signatura and titla of certifier	- Ca	le le	a	29c. L	icens	e number	38	8	29d. Data signe	d (Month,	Day, Ye	ar)
			30. Nama and addrass of person who Michael Fac	alow	30	DA Co	Print)		Hur	loc.	k ma	1 21	64	3	
Re	State gistra	e	Michael Face 31. Data filed (Month, Day, Year)	alow	30 agistrar's Sig	DA Co	Mins	26	7 6 3 //w	3 8 2 loc.	k ma	8		7. 9 4	7.96

State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death

			Certifica	ate of Death	Reg. No.	
п	Physici	an	1. Decedant's Nama (First, Middle, Last)		Data of Death Month / Day	3. Tima of Death
۹,	/Medic		LEONARY L.	-MANUS H	ugust 3 19	996 6: (OV-11)
	Examir	ner	4a. Facility Nama (If not institution, give street and number)	4b. City, Town, or Location	ion of Death 4c. County of DERC	Death STER
L			5. Social Security Number 6. Sex 7. Age (In vrs. last birthday) If Und	dar 1 Yaar If Undar 24 Hrs. 8		1. E. IL
п	Funeral Director		5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) If Unc	s Days Hours Min.	Data of Birth (Month, Day, Year)	9. Birthpiaca (Stata or Foreign
Н	Director		Usual Rasidance of Dacedant	0	4-11-114	Trucker
	yland M M		10a. State 10b. County 10c. City, Town or Location			10d. inside City Limits
	Maria Single	cto	Ma DORSHESTER CAMBRI	DGE		1 No 2 No
	with the Marylar a or 28a-f show be notified at	Director	10e. Streat and Number	Zip Code	10g. Citizen of Wh	at Country?
	23a		606-RODHIN-ST	2/4/5	05	A
	after death v or items 23s miner must.	Funeral	11. Marital Status 12. Was Decedant Evar in U,S. 13. Was Decedant Forcas? 13. Was Decedant Evar in U,S. 14. Was Decedant Evar in U,S. 15. Was Decedant Evar in U,S. 16. Was Decedant Evar in U,S. 17. Was Decedant Evar in U,S. 18. Was Decedant Evar in U,S. 18. Was Decedant Evar in U,S. 19. Was Decedant Evar	cedant of Hispanic Origin? (Specify pecify Cuban, Maxican, Puarto Rica	Yas or No- an, atc.) 14. Race - Biack.	Amarican Indian, Whita, atc.
20	or it	by F	1 ☐ Never Marriad 2 ☐ Married 1 ☐ Yas 2 1 2 1 No If Yas, Giva 1 ☐ Yas 3 2 Widowed 4 ☐ Divorced Yaar or Datas:	21 No Specify:	Specify:	P. AdK
5-0020	hours and hurst', or al Exami			and Occupation	40h Mind of Bush	DURCH
15	n 72 n - n ledio	Completed	15. Decedent's Education (Specify only highast grada completed) (Giva kind of life, DO NOT	work dona during most of working use retired	16b. Kind of Busi	nass/industry
2121	swithin jene. r than	E O	Elementary/Secondary (0-12) College (1-4or 5+)	HCK DRIVE	R 1.0.1	RICK-DR.
	be filed fall Hygi d other event, I	Be C	17. Fathar's Nama (First, Middla, Last)	18. Mothar's Nama (Fi	irst, Middla, Maiden Sumama)	
la l	Viental Wental rived o	0	JOHN-WESLEY- LSANTS	MARTHA-	-WILSON .	FA NAS
Maryland	2 sho and h is ma suma			ass (Street and Number or Rural Ro	outa Number, City or Town, St	tata, Zip Code) 7 /6/>
	and saff) n 27 wer fr		TURDN-BANKS (SON) 606-	ROBBIN	STOA	Monton.
ore	I of H		2da. Mathod of Disposition Disposition Commatary, cramatory of Commatary, cramafory of Commatary, c	lama of r other place)	Data 20c. Location - Ci	ity or Town, State
Ë	Pa ment: uny		4 Donation 5 Othar (Specify)	83	96 FININK	Y. MY 21612
Baltimore,	Depart Import any inj phise.		21. Signature of Funaral Sarvica Licensaa 22. Nama	and Addrass of Facility 8	2 . Pt Vi	3. BARd-37
щ	20249		Lay It Bodyly Fill	ERAL- HOME	-CAMBR	HOE, MI
٥			23a. Purt. Entar tha disaasa, or complications that causad the down. Do not antar tha m	oda of dylng, such as cardiac or ra	spiratory arrest,	Approximata Intarvai Between
	Physician					Onset and Death
1	/Medicai Examiner		immediate Causa (Final disease or condition rasulting in death) a. ARTCR10SCLER01	TIC EARDIOVASC	CULAR DISCHSO	& SEVERNE
		<u>-</u>	immediata Causa (Final disease or condition rasulting in death) a. ARTCR10 SCLERD 7 Dua to (or as a consequence or	f):		War c
	petr	Examiner	6			1000
·,	certificate be executed ding physician and se as the burial-transit	Exa	Sequentially list conditions, if any, laading to immadiata causa. Entar Undarlying	r):		
68760,	ysicia y bur	edical	that initiated evants	n.		
	certifical iding phi	Pe	resulting in death) Last	,.		
SOX		M/Na	d			
. B	death he atter ed for u	Physician	Part II. Other eignificant conditions contributing to death but not resulting in the underlying	causa givan in Part i.	23b. Did tobacco use contr	ibute to the cause of death?
P.0	law requires that the desas been signed by the a	Phy			1 1 1 1 No 3	Probably 4 Unknown
S,	ignex bed	by				
0	v require been si should t	Completed			24a. Was an autopsy performed?	24b. Ware autopsy findings available prior to completion of causa
3ec	has b	npl				of death?
a F	ate Pag				1 □ Yas 2 No	1 Yas 2 No
of Vital Records,	Physician: The this certificate rai director, pa.	Be	25. Was casa referred to medical axaminar? Hospitai:	26. Place of Death (C		
	Phys rai di	: To	1	DOA 4LI Nuising Homa	5 ☐ Rasidence 8 ☐ Other Dascribe how injury occurred	
O	ding th. After funer	tlon	1 ☐ Matural 5 ☐ Panding (Month, Day Year) Injury 2 ☐ Accident invastigation M	28c. Injury at Work? 1 Yas 2 No	. Dustribe flow injury coouries	
Division	Attending or death. ector: After by the fune	fica	3 Suicide 6 Could not be determined 28a. Place of Injury - At homa, farm, streat, factor	ory, office 281.	Location (Street and Number	or Rural Routa Number,
ă	afte Dire	Certification:	4 ☐ Homicida Gatarrillined building, atc. (Specify)		City or Town, Stata)	
	To the Hospital or Attend within 24 hours after death To the Funeral Director: / completely filled in by the I		29a. Certifiar 12 Certifying Physician: To the best of my knowledge, death occurre	od at the time, data and piece, and	dua to the cause(s) and mann	nar as stated.
	he Hç in 24 he Fu pietel	edical	(Check only one) 2 ☐ Medical Examiner: On the besis of axamination and/or invastigation and manner stated.	on, in my opinion, daath occurred a	at tha tima, data and place, an	d dua to tha cause(s)
	To the within 2 To the comple	Σ	29b. Signatura and titla of certifiar	29c. Licansa number	29d. Data signed ((Month, Day, Year)
			merone	D15165	2750	96.
			30. Nama and address oluparson who complated causa of daath (Itam 23a) (Type, Print)			
			Dr. Mahmood Shariff 504 Aurora Stree			
	Sta		31. Data filad (Month, Day, Year) AUG 6 1996 AUG 6 1996 AUG 6 1996			
	Registr	ar	AUG 6 1996 Jahi Dawsten Kardall	<u> </u>		

DHMH 16 Ray 6/95



ITEMS: 23PART I, 27, 28a Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

PER MEO	FIL	.M G-738 8/19/96 t.t	State of M	arylanu		tificate o			nentai riy	Reg. No.	96	244/1
Dhara		1. Decedent's Name (First, Middle, L.	ast)						2. Date of De		Voca	3. Tima of Death
Physici /Medic		CORTNEY	MICHELE		BI	ELT			JULY	Day 09,	1996	3:19 PM
Examir		4a. Facility Name (If not institution, gi 1270 VILLAGE	Albert House President						Ocation of Deat		y of Death EAR	UNDEL
Funeral Director			Sex 7. Ag	ga (In yrs. lasi 16	birthday) Yrs.	If Under 1 Ye Months Day		24 Hrs. Min.	8. Date of Bir (Month, Da Aug. 2	th ay, Year) 6,1979	9. Birthp	place (State or Foreign orado
m.		Usual Residence of Decedent 10a. State 10b. County		10c. City, T	own or Lo	cation						0d. Insida City Limits
h the Merylend r 28a-f show Lnoviting at	ctor	Maryland Anne A	rundel			1	Davidso	nvil	lle			1 □ Yes ¾ No
with the	Director	10e. Street and Number				10f. Zip Code				10g. Citizen of		
8 23	ia i	1270 Village La			1		1035			United		
o 72 hours after death with the Meryland "natural", or flams 23s or 28s-f show official Examiner must be notified at	by Funeral	11. Marital Status Nevar Married 2 Married Widowed 4 Divorced	12. Was Dacedant Armed Forces? 1 Yes 254 If Yes, Give Year or Dates:			Was Dacadant of I Yes, specify C			ecify Yes or No Rican, etc.)	Special	ca - Americack, White,	
9 9	Completed	15. Decedent's E (Specify only highast gr Elementary/Secondery (0-12)	Education rade completed) College (1-4or !		/Give	lent's Usuai Oci kind of work do DO NOT use ret	ne durina mos	st of work	ing	16b. Kind of E	Business/Inc	dustry
Hygiene other the	S	11			Stud	ent					hool	
a b b	Be	17. Fathar's Name (First, Middla, Last	()							, Maiden Sumai	me)	
and Menta and Menta and Menta and Menta and Menta and Menta and Menta	To	John Belt							eincelm			
. 6 6 2		19e. Informant's Name/Relationship John Belt Fa	ther			-				er, City or Town SONV i 11		,
permit. Pages 1 end 2 Department of Health important: if Ikem 27 is any Injury or other tre once.		20a. Method of Disposition X⊠ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Speci		сет	etery, cren	sition (Name of natory or other p Memori	,	dens	Date 7/13/9	20c. Location 6 Davi		wn, State
permit. Per Departmen Important: any Injury		21. Signature of Funeral Service Lica	6/17/00	Pro	R		. Evans	s Fui		ome, P.		1 7
hysician		snock, or heart failure. List only	nplications that causad y one cause on each iii	tha death. [ne.	Do not ente	er the mode of o	lying, such as	cardiac	or respiratory a	rrest,		Approximate Interval Between Onset and Death
/Medical Examiner		Immediate Cause (Final disease or condition rasulting in death)	a. DROWNING	COMPLIC	ATED E	BY HEAD I	NJURIES					
2 3	ner	,		Due to (or es	e conseq	uence of):						
incate be executed ig physician end es the buriel-transit	i Examiner	Sequentially ilst conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury	b	Due to (or es	e conseq	uenca of):						
ding physics of the transfer of the transfer of the transfer of the transfer of the transfer of transf	Medical	thet initiated events resulting in death) Last	d	Due to (or as	a consequ	uence of):						
death cer e ettendir id for use	Physician/N	Part II. Other significant conditions of		ut not recultin	a in the un	rdarlying cause	ahon in Bad I		22h Did	tohacco use or	mtributa ta	the cause of death?
hat the ed by th deteche		Taxin other agrinount outlanding	Soft fouring to death of	ot not resultin	g III tile ui	idenying cause	given in Pait i					pably 4⊠Unknown
has been sign be 2 should be	Completed by								perfe	en eutopsy ormed?	ava	ere eutopsy findings allable prior to mpletion of cause death?
ertificate ha		DE Was area relevant to water								Yes 2□No	1 💆	Yes 2□ No
artific sctor,	Be	25. Was case referred to medical exeminer?					26. Place	of Death	h (Check only o	one)		

To the Hospital or Attending Physic within 24 hours after death.

To the Funeral Director: After this ce completely filled in by the funeral dire Division of

Hospitel: 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 ☐ Nursing Homa 5 ☐ Residence 6 ☐ Other (Specify) Yas 2□ No 27. Manner of Death 28d. Dascribe how injury occurred 28e. Dete of injury (Month, Dev Year) FOUNDry of 28c. Injury at Work? 5 Pending Investigation 1 Naturel SUBJECT DROWNED 1 Yes 2 No 3:10 XX Accident 7-9-96 28f. Location (Street and Number or Rural Route Number, City or Town, State) 1270 VILLAGE LAKE DR.

6 Could not be determined 3 Suicide 28e. Piace of injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homloide

RESIDENCE DAVIDSONVILLE, MARYLAND

O.C.M.E.

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) end menner as stated.

**Wiedlical Examiner: On the bests of examination and/or investigation, in my opinion, death occurred at tha time, date and place, end due to the cause(s) and manner stated. 29b. Signatura and title of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

. 111 Penn Street, Baltimore, Maryland 21201

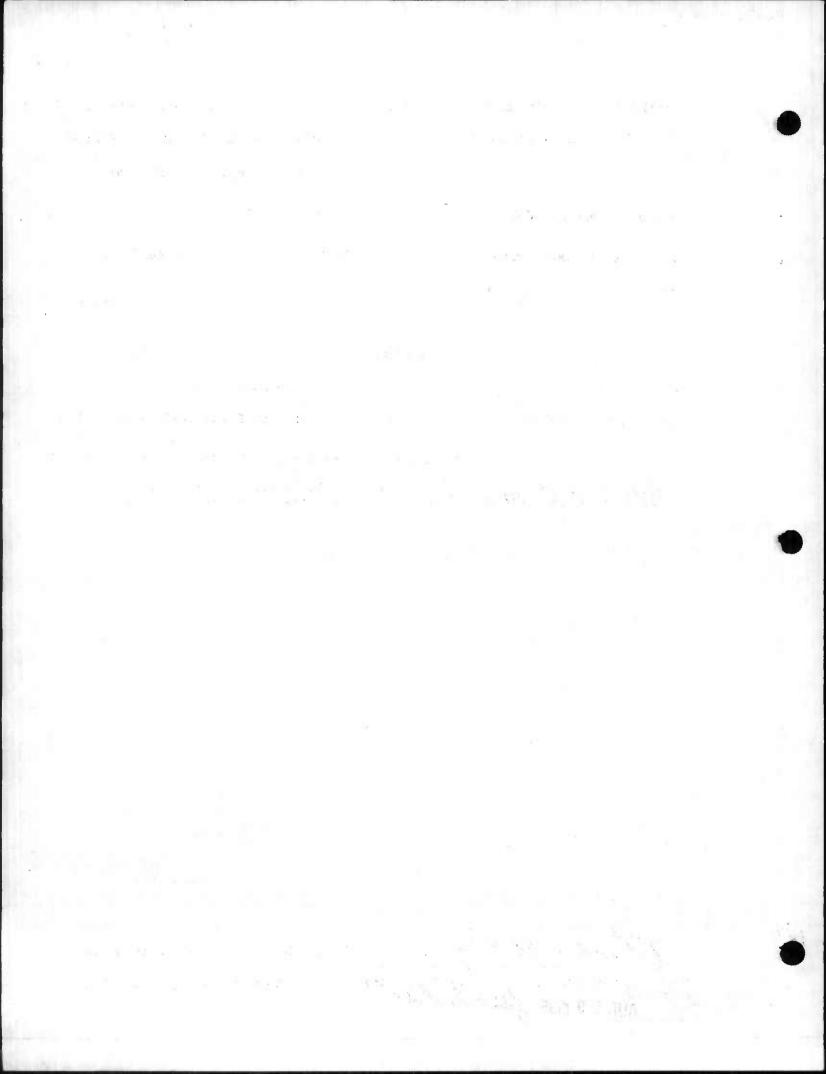
JULY 10,1996

State Registrar

Medical

29e. Certifier

Theodore King M.D.



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

90

24478

	Physici /Medi		1. Decedant's Name (First, Middla, Last) NELSON E. BELT						2. Data of Do Month AUG . 2	1996	Yaar	3. Tima of Death 10:26 pm
	Examir	ner	4a. Facility Nama (If not institution, give street end number ANNE ARUNDEL MEDICAL CENTE	,				4b. City, Town, or ANNAPOLI	S		y of Death ARUN	
	Funeral Director		5. Sociel Security Number 213-26-3940 Usual Residence of Decedant	ga (In yrs. last 66	birthday) Yrs.	If Undar 1 Months I	Yaai Deys		8. Date of Bi (Month, Di FEB 2	ay, Year) 3 1930	9. Birth Cou MARY	piece (Steta or Foreign intry) LAND
	Manyland of ahow find at	tor	10a. State 10b. County MARYLAND ANNE ARUNDEL	10c. City, T	own or Loc POLIS				ŀ			10d. fnsida City Limits 1 → Yes 2 □ No
	h with the 3a or 28a at be not	al Director	10e. Street and Number 884 MARENGO STREET			10f. Zip C		401		10g. Citizan of U		ntry?
020	72 hours after death with the Maryland natural; or Neme 23a or 28a-f ahow ocal Examiner must be notified at	by Funeral	11. Maritel Status 1 Never Merried 2 Merried 1 Never Merried 2 Merried 1 Never Merried 2 Merried 1 Never Merried 2 Merried 1 Never Merried 2 Merried 1 Never Neve	? No		Ves Deceder Yas, specify		Hispenic Origin? (5 ban, Mexican, Puer Specify:	Specify Yes or Note Rican, atc.)	Bio	ce - Amari ack, White My: BLA	
1215-0	filed within 72 ho Hygiene. ther than "natur int, the Medical	Completed	15. Decedant's Education (Specify only highest grade completed) Elamantary/Secondary (0-12) Collaga (1-4or	5+)	(Giva I lifa. D		done retin	during most of wo	rking	16b. Kind of B		ACADEMY
Maryland 21215-0020	S in S	To Be Co	8th 0 17. Father's Name (First, Middle, Last) JOSEPH C. BELT, SR.	F	טטט צ	ERVIC.	E.		ma <i>(First, Middle</i> GREENLEA	, Maidan Suma		ACADEMI
	l 2 sh and la m		19a. informant'a Name/Relationship (Type, Print) IRLENE BELT (WIFE) 20a. Mathod of Disposition		884 N		0	st and Number or R			1	
Baltimore,	permit. Pages 1 and Department of Healtl Important: If Itam 27 any Injury or other 1 2002.		1 ⚠ Burial 2 ☐ Cramation 3 ☐ Ramovei from State 4 ☐ Donation 5 ☐ Other (Specify)	ceme	OLIS	MEM .	GA	RDENS {		ANNAPOL		
Bal	Depar Impor any In		21. Signeture of Funaral Sarvice Licensea Zarry L. Raese	40.4.0	WN 82	1. REE	SE T	& SONS I	POLIS, M	D. 2140	1	
	Physician /Medical Examiner		23a. Part1. Enter the disease, or complications that cause shock, or heart failure. List only one cause on each limmediate Cause (Final disease or condition resulting in death)	Dua to (or as	100	aid	J Oy	al Info	Leto	arrest,		Approximete interval Batween Onset and Death
,09	certificate be executed rding physician and use as the burial-transit	al Examiner	Sequentially list conditions, if any, leading to immadiata cause. Enter Underlying Cause (Disease or injury that initiated events	Dua to (or as							1	1091.
Box 68760,	nding use as	an/Medical	rasulting in death) Lest	Dua to (or as	e consequ	uenca of):						
P.0.	that the dea ed by the at detached fo	by Physicia	Part II. Other stgniftcant conditions contributing to death to	but not rasultin	g in tha un	darlying cau	sa g	ivan in Part I.		tobacco use c		to the cause of death?
of Vital Records,	has been s	Completed b	0						perf	s an autopsy ormed?	ar Cr	Vere autopsy findings valiable prior to ompletion of cause f death?
ital	dcien: The certificate rector, pay	Be C	25. Was casa rafarred to medical axaminer?					26. Place of De	ath (Check only		'	U 165 2U NO
× ×	5 00	2	1 ☐ Yas 205-No Hospital: 1 ☐ inpati	ient 20ER	Outpatient	3□ DOA	0	thar: 4 Nursing	Homa 5□Res	Idance 6 🗆 O	ther (Spec	ify)
Division o	After fune	Certification:	27. Manner of Death 1 Natural 5 Panding (Month, De la Panding Invastigation Panding Invastigation Panding Invastigation Panding Panding Invastigation Panding	ay Year) 28	b. Time of fnjury	M 28c		uryat ork?]Yas 2 ☐ No	28d. Describe	how injury occu	irred	
Divi	frer direction by		3 Suicida 6 Could not be datarmined 28e. Place of in building, a	iury - At homa tc. (Specify)	, farm, stre	et, factory, c	office			(Street and Nun iwn, State)	ber or Rui	ral Route Number,
	To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by	Medical	29e. Certifiar (Check only one) Certifying Physictan: To the best 2 Medical Examiner: On the basis of and menner st	of axamination	iga, daath and/or inv	astigation, In	my	opinion, daeth occ	e, and dua to tha urred et tha time	, data and place	, and due	to the cause(s)
	To To	*	29b. Signature and title of certifiar A Shall	gn	90	29c. L	licen	DUS3		29d. Date sign	9 (Month	Day, Year)
			30. Name and addrass of person who complated cause of	deeth (Item 23	e) (Type, F	A, F	2	red Br	Aura.	a, MO	31	401,

State Registrar

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1	0/1

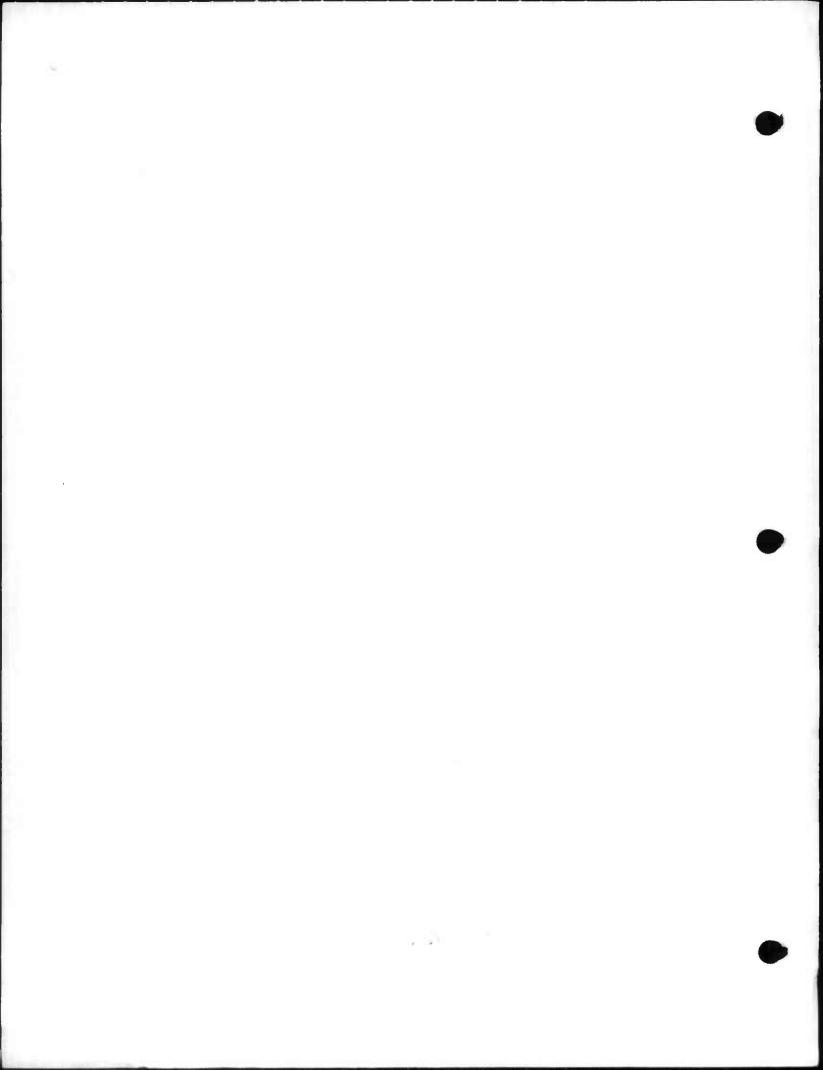
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withings hours after death. Page 6 may be retained by the hospital or attending physician.

The FUNERAL DRECTOR After the purificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should be find within the cash with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT II liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

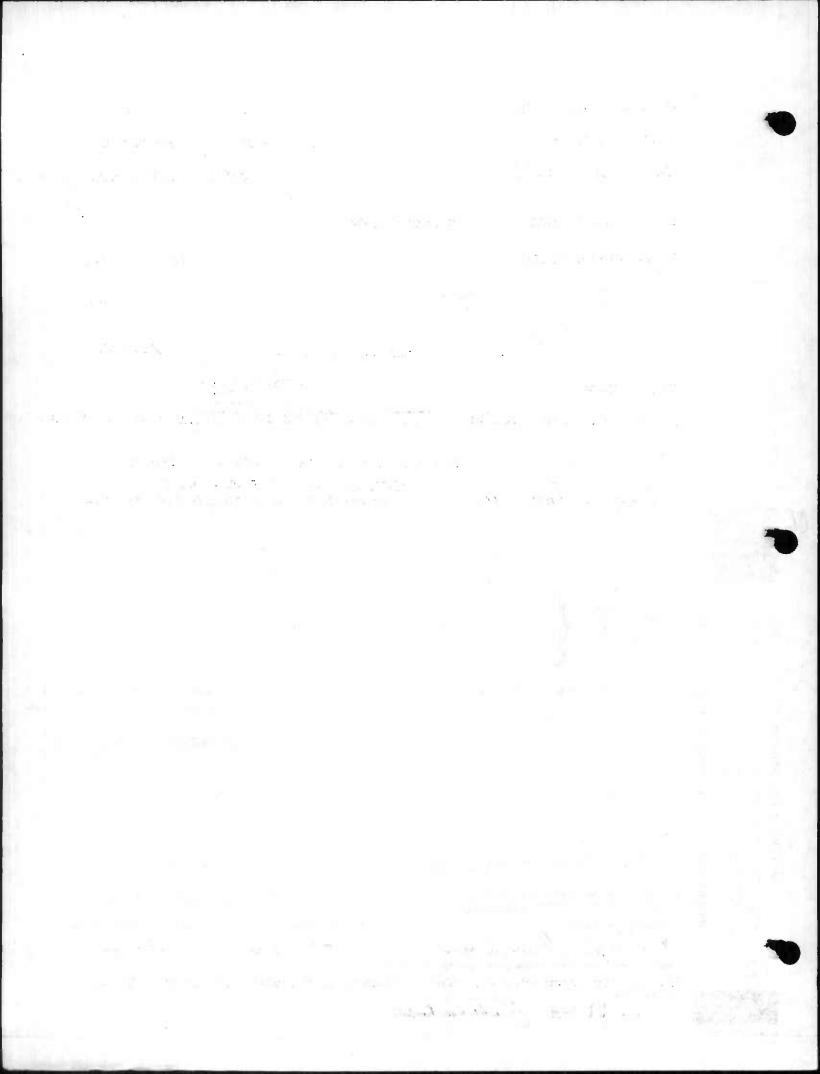
DIVISION OF VITAL RECORDS, P.O. BOX 68760

	SETTITION TO BEATTI REG. NO.
	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY OP - 2/0 - 9/0 10/02Amm
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month Day Mark)
	272-10 11-25-10 Iranton, 11C
R	FACILITY NAME (If not institution, give street and number) 96. GITY, TOWN OR LOCATION OF DEATH PACE
DIRECTOR	RESPONDE OF DECEDENT
DIR	106. STATE 106. COUNTY 106. COUNTY 106. STATE 106. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER 10f. ZIP COOP 10g. CITIZEN OF WHAT COUNTRY?
FUNERAL	14-30-1124 DOTO PLINE 11. MARITAL STATUS 12. WAS DECEDENT EVERANUS ARMED 13. WAS DECEDENT OF MICRANIC OF MICRANIC OF THE PROPERTY OF MICRANIC OF THE PROPERTY OF MICRANIC OF THE PROPERTY OF MICRANIC OF THE PROPERTY OF MICRANIC OF THE PROPERTY OF MICRANIC OF THE PROPERTY OF MICRANIC OF THE PROPERTY OF MICRANIC OF THE PROPERTY OF MICRANIC OF THE PROPERTY OF THE PR
	1 Never Merried 2 Merried FORCES? 1 NES 2 NO If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1. NACE — American Indian, Black, White, etc.
D BY	3 Wildowed 4 D/Divorced Security Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) [Give kind of work done during most of working life. Do NOT use retind.) [Give kind of Vuse retind.]
MP	12 only - Hrmy Map Sarvice GOVERNMEN
	17. FATHER'S NAME (First, Middle, Lest) Charles Brock 18. MOTHER'S NAME (First, Middle, Meiden Surneme) Ruth Mugford
BE	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
입	Carl Brock/Nephew 8309 Todd Drive Forestville, MD 20747
	206. METHOD OF DISPOSITION 206. PLACE AND DATE OF DISPOSITION (Name of MD 187). State of Verterans Cem. 206. LOCATION — City or Town, State MD 187. State of Verterans Cem. 8/1 Cheltenham, MD
- 1	21 SIGNATURE OF FUNERAL SERVICE UCERNEE AT A LEXANDER S. FORE FUNERAL Homes
_	5538 Marlboro Pike Forestville, MD 20747
	23. PART I. Enter the diseases, or complications that gaused the deeth. Do not enter the mode of dying, such as cardiac or respiretory streat, shock, or heart failure. List only one cause on each line. Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) s. More Sive Heart Failure Xo days
	DUE TO (OR AS A CONSEQUENCE OF):
O	Sequentially list conditions, firm any, leading to immediate b. DUE TO (DE AS A CONSEQUENCE OF):
CA	CAUSE (Disease or injury
RTIFICATION	that initiated events resulting in deeth) LAST
S	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
CAL	Severe Billary DISCUSSIO COMMON BULS DUST TO BETTON OF COMPETON OF COMPETON OF COMPE
MEDI	Chranic Hepatic Damage Chrinic Repultaiture frostate ancer 1 yes 2 NO
ż	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN
PHYSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO
H	27. MANNEB OF OEATH 280. OATE OF INJURY (Month, Day, Year) (Month, Da
B	1 Netural 5 Pending 2 Accident Investigation M 1 YES 2 NO
COMPLETED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 28e. LOCATION (Street and Number or Rural Route Number, City or Town, Stele)
1	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner ee stated.
5	one) 2 MEDICAL EXAMINER: On the beele of exemination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner se stated.
N N	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Morth/Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
	St. DATE FILEO (MONTH, Day, Your) 3209ÉGISTRAR'S, SIGNATURE
	31. DATE FILEO (Month, Day, Year) 32 PREGISTRAR'S, SIGNATURE 20744



	-				Oerun	cale of	Death		Re	eg. No.	20	2448
ysicia	an	1. Decedent's Name (First, Middle						1	Date of Deat Month	h Day	Year	3. Time of Death
/ledica	al	WILLIAM HOWARD 4a. Fecility Name (If not Institution		na rl			4b. City, Town		JULY			12:15PM
amine	er	11509 LOVEJOY		iar)			SILVER			4c. County		
eral		5. Social Security Number	6. Sex 7.	Age (In yrs. I		Under 1 Yee	r If Under 24	4 Hrs. 8	Date of Birth		GOMERY 9. Birthola	*
or:		578-47-7336	XX ^M 2□ F	81	Yrs. Mo	onths Days	Hours	Min.	Month, Day, JAN 10,	Year)		ce (State or Fora y) BORO, N
		Usual Residence of Decedent 10a. State 10b. County		10c City	, Town or Locatio							
	ō		OVEDV								100	f. Inside City Lim 1 Yes 2 ☐ I
	Director	MD MONTGO	JMERY	SII	LVER SPR	LNG Of, Zip Code			10	Og. Citizen of	What Country	
		11509 LOVEJOY	CTD FFT									
	Funeral	11. Marital Status	12. Wes Decede	ent Ever In U,S		20910 Decedent of	Hispanic Origin ben, Mexican, I	n? (Speci	ty Yes or No-		ce - Americer	n Indian,
1	F	1 Never Married 2 Merr	led 12 Yes 2	7842-		es 2X No		Puerto Hi	can, etc.)		ck, White, et	
	d by	3 ☐ Widowed 4 🛱 Divorced	Yeer or Date	1945						Specif	BLAC	K
	Completed	15. Decedent (Specify only highes	's Education it grada completed)		16e. Decedent's	S Usual Occu of work done IOT usa ratire	during most o	of working	,	16b. Kind of B	usiness/Indu	stry
	шо	Elementery/Secondary (0-12)	College (1-4)	or 5+)	ASSISTA		,			EDUCAT	IONAL	
	Be C	17. Father's Name (First, Middla,			110010111		_	s Name (First, Middle, N	faldan Suman	ne)	
1	ToB	WALTER BURNS					MISS	OURI	HEATH			
		19a. Informant's Name/Relations			19b. Mailing Ad							
		ANNETTE SCROGO	INS - DAUG					COUR	T CAPIT	TAL HEI	GHTS,	MD 2074
		20a. Method of Disposition 1 ☑ Buriel 2 ☐ Cremetion		ate 20b. Pla	ace of Disposition metery, cramator	n (Nama of y or othar pla	ace)	i	Dete 2	20c. Location	- City or Town	n, State
	-	4 Donation 5 □ Other (Sp		HAR	MONY MEM					LANDOVE	ER, MD	
SUCE.		21. Signature of Funeral Service I	Licensee	/	ALEX	ne and Addr ANDER	S. POP	E FU	NERAL H	OMES		
		23e. Part1. Enter the disease, or shock, or heart failure. List	rope X	•	5538	MARLE	BORO PI	KE,	FORESTV	ILLE,	MD 207	47
	400			Due to (an		1	. , , ,	w	nc		1	
	8	Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or Injury that hittated events resulting in death) Last	b	Due to (or Due to (or a	as a consequence A C	e of):		^				
100	edical	resulting in death) Last	b	Due to (or Due to (or A)	as a consequence Hey has a consequence Life has a consequence	a-97ty e'ot): DENTE e of): UNGI	ENIS 10V	^				
delle	edical	Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or Injury that hitiated events resulting in death) Last	b	Due to (or Due to (or A)	as a consequence Hey has a consequence Life has a consequence	a-97ty e'ot): DENTE e of): UNGI	ENIS 10V	^	23b. Did tol			he cause of deal
Ohwainian Mindle	Physician/Medical	resulting in death) Last	b	Due to (or Due to (or A)	as a consequence Hey has a consequence Life has a consequence	a-97ty e'ot): DENTE e of): UNGI	ENIS 10V	^	23b. Did tol	Dacco use co se 2□ No		
Pro Division Manie	by Physician/Medical	resulting in death) Last	b	Due to (or Due to (or A)	as a consequence Hey has a consequence Life has a consequence	a-97ty e'ot): DENTE e of): UNGI	ENIS 10V	^	23b. Did tol	e 2□ No	3 Probei	autopsy finding able prior to oletion of cause
by Ohwalelen Manie	by Physician/Medical	resulting in death) Last	b	Due to (or Due to (or A)	as a consequence Hey has a consequence Life has a consequence	a-97ty e'ot): DENTE e of): UNGI	ENIS 10V	^	23b. Did tot 1 ☐ Ye 24a. Wes an	2 No autopsy led?	3 Probal 24b. Were availe comp	autopsy finding able prior to oletion of cause eth?
Commission by Dhysision Manufacture	Completed by Physician/Medical	Part II. Other eignificant condition	b	Due to (or Due to (or A)	as a consequence Hey has a consequence Life has a consequence	a-97ty e'ot): DENTE e of): UNGI	A TION	1	23b. Did tot 1 Ve	2 No a autopsy led?	3 Probel 24b. Were availe comp of de	autopsy finding able prior to oletion of cause eth?
To Be Commissed by Dhysician Resident	to Be Completed by Physician/Medical	Part II. Other eignificant condition 25. Was cese referred to medical examiner? 1 Yes 2 No	b	Due to (or III Additional Additio	as a consequence A Hyph as a consequence LICE Iting in the underly	Party e'ot): DENTE e ot): UNCIT ying ceuse gi	even in Pert I.	f Death (i	23b. Did tot 1 Ye 24a. Wes an perform 1 Ye Check only ons	autopsy led?	3 Probal 24b. Were availe comported the ser (Specify)	autopsy finding able prior to oletion of cause eth?
To Be Completed by Dhusisian Maddian	to Be Completed by Physician/Medical	Part II. Other eignificant condition 25. Was cese referred to medicel examiner? 1 Yes 2 No 27. Manner of Death 1 Senting Senting Pending	b	Due to (or III Additional Additio	as a consequence as a c	PODA Oth 28c. Inju Wo	28. Place or ther:	f Death (ing Home	23b. Did tot 1 Ye 24a. Wes an perform 1 Ye Check only ona	autopsy led?	3 Probal 24b. Were availe comported the ser (Specify)	autopsy finding able prior to oletion of cause eth?
estimate of Complete by Division Medical	to Be Completed by Physician/Medical	Part II. Other eignificant condition 25. Was cese referred to medical examiner? 1 Yes 22 No 27. Manner of Death	b	Due to (or Due to (or	as a consequence as a consequence as e consequence ting in the underly R/Outpatient 31 28b. Time of	e of): CA CI ying ceuse gi DOA Ott 28c. Inju Wo	even in Pert I.	f Death (illing Home	23b. Did tot 1 Ye 24a. Wes an perform 1 Ye Check only ons	autopsy led? s 2 No noce 6 Oth w Injury occur	3 Probal 24b. Were availe composed the series of decomposition of the series of the s	autopsy finding able prior to oletion of cause eth?
Cariffication: To Ba Commission by Bhysician Mande	Certification: 10 Be Completed by Physician/Medical	25. Was cese referred to medicel examiner? 1 Yes 2 No 27. Manner of Death 1 Shatural 5 Pending Investig 3 Suicide 6 Could not determined.	d	Due to (or Due to (or Due to (or The property of the property of exeminetic	as a consequence as a c	POON Office	28. Place of her: 28. Very at rick? I Ves 2 \(\) No	f Death (days and the second s	23b. Did tot 1 Ye 24a. Wes an perform 1 Ye Check only ona 5 Aesider d. Describe how Location (Str. City or Town,	autopsy led? s 24 No l) noce 6 Oth w Injury occur eet and Numb	3 Probal 24b. Were availe comported the com	autopsy finding able prior to oletion of cause eth? Yes 2 No
Cartification To Be Completed by Dhysician Mississis	ledical Certification: 10 Be Completed by Physician/Medical	25. Was cese referred to medicel examiner? 1 Yes 2 No 27. Manner of Death 1 Natural 5 Pending Investig 3 Sulcide 6 Could n determine the control of the could not be controlled to the could not be controlled to the could not be controlled to the could not be controlled to the could not be controlled to the could not be controlled to the could not be controlled to the c	d	Due to (or Due to (or Due to (or The property of the property of exeminetic	as a consequence as a c	POON Office	28. Place of ther. 28. Place of ther. 28. Place of ther. 28. Place of ther. 29. Place of there are the there are the there.	f Death (days and the second s	23b. Did tot 1 Ye 24a. Wes an perform 1 Ye Check only ons 5 Aesider d. Describe how Location (Str. City or Town, at the time, da	autopsy led? s 24 No l) noce 6 Oth w Injury occur eet and Numb	3 Probal 24b. Were availe composed the series of deed to be anner as state and due to the series of	autopsy finding; able prior to oletion of cause eth? Yes 2 No Routa Number, ed. te cause(s)
odrei Cartification To Be Completed by Bhusialan Mandian	ledical Certification: 10 Be Completed by Physician/Medical	25. Was cese referred to medicel examiner? 1 Yes 2 No 27. Manner of Death 1 Shatural 5 Pending Investig 3 Suicide 6 Could in determine Check only one) 29e. Certiller (Check only one)	d	Due to (or Due to (or Due to (or The property of the property of exeminetic	as a consequence as a c	POON Office actory, office 29c. License 29c. License 29c.	28. Place of ther. 28. Place of ther. 28. Place of ther. 28. Place of ther. 29. Place of there are the there are the there.	f Death (ding Home 28)	23b. Did tot 1 Ye 24a. Wes an perform 1 Ye Check only ons 5 Aesider d. Describe how Location (Str. City or Town, at the time, da	autopsy led? s 25 No l) noce 6 Oth w Injury occur eet and Numb Stata) use(s) end mate and place,	3 Probal 24b. Were availe composed the series of deed to be anner as state and due to the series of	autopsy finding able prior to oletion of cause eth? Yes 2 No Route Number, ed. te cause(s)
precey miscum by the tuneral precior, page 2 should be detached for use as the but and for the but and for the but the	Medical Certification: 10 Be Completed by Physician/Medical	25. Was cese referred to medicel examiner? 1 Yes 2 No 27. Manner of Death 1 Shatural 5 Pending Investig 3 Suicide 6 Could in determine Check only one) 29e. Certiller (Check only one)	d. Mana contributing to death Hospital: 1 Inpa 28a. Dete of Ir (Month, I ation of be ned 28e. Place of building, I Physician: To the best and manner Man ha	Due to (or Due to (or Due to (or The Due to	as a consequence as a c	POON Office actory, office 29c. License 29c. License 29c.	28. Place of her: 28. Place of her: 4 \[\text{Nursity at rick?} \] Yes 2 \[\text{No nonline, dete and population, death as number} \]	f Death (ding Home 28)	23b. Did tot 1 Ye 24a. Wes an perform 1 Ye Check only ons 5 Aesider d. Describe how Location (Str. City or Town, at the time, da	autopsy led? s 25 No l) noce 6 Oth w Injury occur eet and Numb Stata) use(s) end mate and place,	3 Probal 24b. Were availe composed the series of deed to be anner as state and due to the series of	autopsy finding able prior to leletion of cause eth? res 2 No

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

24481

P

1 Yes 2 No

Physician
/Medical
Examiner

3. Tima of Deeth 2115

PRINCE GEORGES

Funeral Director

> 10a. State Director

the Meryland 28a-f ehow jiene. r than "natural", or Nems 23s or 28s-f ehov the Modical Examiner must be notified at filed within 72 hours efter death Hygie

Peges 1 end 2 should be filed nent of Health and Mental Hygi int: If Item 27 Ie merkad other permit. Peges 1 end 2 Department of Health a Important: If Item 27 Is any Injury or other tra

Baltimore, Maryland 21215-0020

Physician /Medical **Examiner**

The law requires that the death certificate be executed physician attending p signed by to ate has been signated the page 2 should the After this certificate Hospital or Attending Physician: 7 24 hours after deeth. Funeral Director: After this certifica stely filled in by the funeral director, p To the Hospital or A within 24 hours after To the Funeral Dire completely filled in b

p

Be Completed

P

Certification:

Medical

State

Registrar

Division of Vital Records, P.O. Box 68760,

Certificate of Death Decedent's Name (First, Middle, Last)
 HARRY 2. Date of Deeth LEE BELLINGER JULY 1996 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth 3504 HUBBARD RD. LANDOVER 5. Social Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. lest birthday) Date of Birth (Month, Dey, Yee, 03-10-69 Birthplace (Stete or Foreign Country) Months Deys Hours 1**X**M 2□ F 214-11-6846 27 Yrs. Washington DC Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Landover Maryland Prince George's 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3504 Hubbard Road #104 20785 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 11. Maritai Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify. **Black** þ 3 ☐ Widowed 4 ☐ Divorced Specify: Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Coilege (1-4or 5+) Electrician/Plummer Private 12th 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Harry Lee Bellinger, I Eunice Washington 2 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Harry L. Bellinger I/Father 4515 Quid Place, Capital Heights, MD 20743 20b. Placa of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ⊠ Burlai 2 ☐ Cremation 3 ☐ Removat from State 4 ☐ Donation 5 ☐ Qther (Specify) Harmony Memorial Park 7/30/96 Landover, Maryland 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility J. B. Jenkins Funeral Home 7474 Landover Road, Landover, MD 20785 23e. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heer feiture. List only one ceuse on each line. Immediate Ceuse (Finat Shot Wounds 5un disease or condition resulting in deeth) Examiner Due to (or as a consequence of) Physician/Medical

Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that Initiated events resulting In death) Last

Due to (or as a consequence of):

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 PNo 3 ☐ Probably 4 ☐ Unknown

24e. Wes an autopsy performed?

24b. Were autopsy findings available prior to completion of cause of death?

Approximete Interval Between Onset and Death

1 Yes 2 No 26. Place of Death (Check only one)

Yas 2 No

25. Was case referred to medical 1 XYes 2 □ No

27. Manner of Death 1 Naturel

5 Pending investigation 6 Could not be determined 28a. Dete of Injury Found 28b. Time of (Month, Dey Year) Injury -2496 Place of Injury - At home, ferm, street, factory, office building, etc. (Specify)

2040M

1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA

Other: 4 Nursing Home 5 Apesidence 6 Other (Specify) 28c. Injury et Work?

1 Yes 2 No

28d. Describe how Injury occurred Subject Shor

 Location (Street end Number or Rural Route Number, City or Town, Stete) 3504 1tus bard

1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and piece, end due to the cause(s) and menner es stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and piace, and due to tha cause(s) and manner stated. (Check only one) 29b. Signeture end title of certifier

2 Accident

3 Suicide

29e. Certifier

4 Homicide

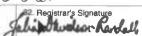
29c. License number O.C.M.E

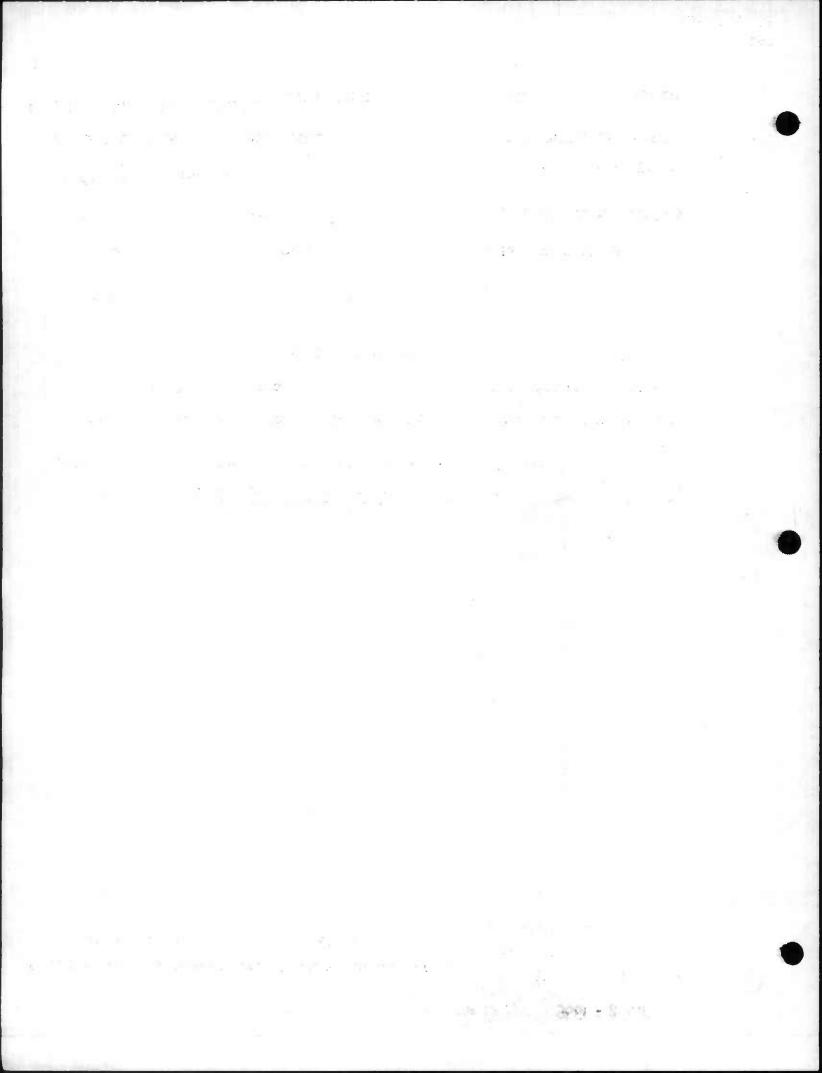
29d. Date signed (Month, Dey, Year) JULY 25, 1996

30. Name and address of person who completed cause of deeth (Item 234 (1)1/26, PPenn Street, Baltimore, Maryland 21201 Powler

WIU 31. Date filed (Month, Dev. Year)

2 9 1996





				of Marylan				Health Death		/lental l		ene j. No.	96	24482	
Physici /Medic		1. Decedent's Name (First, Middle		Bu	rke					2. Dete of Month July	, 2		996	3. Time of Death 11:35 A.M.	
Examir	ier	4a. Facility Name (If not institution, Prince George			er				own, or L rerly	ocation of D 7	eath		ty of Death	eorge's	
Funeral Director		5. Social Security Number 188 32 9126 Usual Residence of Decedent	6. Sex 1 □ M 2 (2) F	7. Age (In yrs. 91	last birthdey) Yrs.	If Under Months	Vear Days		24 Hrs. Min.	8. Date of Birth (Month, Dey, Year) Oct. 11,1904			9. Birthplace (State or Foreign Country) Pennsylvania		
death with the Maryland ms 23a or 28a-f show rivest to notified at	ector	10a. State 10b. County Maryland 10e. Street and Number	y. Town or Lo Lexing									10d. Inside City Limits 1 ☐ Yes ※No			
rurs after death with the Manylan si', or items 23a or 28a-1 show Exarviner mant be notified at	Funeral Director		117 Defender Street					3 Hispanic Or	lgin? (Sp	ecify Yes o	U		Stat	CES Ican Indian,	
or its	þ	1 ☐ Never Married 2 ☐ Marrie 3 ☐ Widowed 4 ☐ Divorced	If Yes, G Yeer or I		13. Was Decedent of Hispanic Origin? (Spelf Yes, specify Cuban, Mexican, Puerto1 ☐ Yes 2 ☐ No Specify:					Specify:			nite, etc. hite		
permit. Pages 1 and 2 should be filed within 72 hours after Department of Haalth and Mantal Hygiane. Important: If item 27 is marked other than "natural; or ite any Injury or other traumatic event, the Medical Exercise Dage.	Be Completed	15. Decadent' (Specify only highest Elementery/Secondery (0-12) 1 2	(Give life. I	lent's Usual kind of work DO NOT use emake 1	done retire	pation du <i>ring</i> mos ed)	st of work	sing	16	b. Kind of E		ss/Industry			
ould be file Mantal Hyg arked othe	To Be C														
and 2 sh aalth and n 27 is m		19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Elizabeth Sweeney Daughter 117 Defender Street Lexington Park Md. 20653												20653	
Pages 1 nant of Hi int: If itan		20a. Method of Disposition 1 🕮 Surial 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) 20b. Place of Disposition (Neme of cemetery, cremetory or other piece) St. Thomas Aquinas Cemetery 8/3/96 Archbald Pennsylva:													
permit. Departn Imports any init		21. Signeture of Funeral Service L	Ciar	va Pro	lea. Re	obert 6000 A	E.	ess of Facili Evans apolis	Fun Rd	. Bowi	e M	d. 20	A. 715	9	
Physician /Medical Examiner		23a. Part1. Enter the disease, or o shock, or heert failure. List of the shock of t	0	caused the death	1. Do not ente	er the mode	of dy	Ing, such es	cardiac	or respirato	ry arrest	t,	-	Approximate Interval Between Onset end Death	
17.5	Examiner	Due to (or as a consequence of): Atual Ghrillation													
The law requires that the death cardificate be executed ate has been signed by the attending physician and paga 2 should be deteched for use as the buriet-transit	edical Ex	Ceuse (Disease of Injury that initiated events resulting in death) Lest Due to (or as a consequence of):													
auth cartif attanding for usa as	Physician/Me	d. Hypertension													
requires that the de been signed by the should be deteched	by Physi	Part II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the second seco										obably 42 Unknown			
law require as been sig 2 should b	Completed t	Suspected	lung	chn(ere					24e. V	Vas an a erforme	autopsy d?	a	Vere sutopsy findings vallable prior to ompletion of cause f death?	
	0	25. Was case referred to medical				1 ☐ Yes 2 ☑ No 1 ☐ Yes 2 ☑ No 1 ☐ Yes							Yes 2 No		
Physician: this certifica	0	examiner? 1 ☐ Yes 2 ☑ No	Hospital:	Inpatient 2	ER/Outpatien	3 DO	Ot	hor:		me 5 R			nos /Cana	(6.A)	
the Hospital or Attending Physician: which 24 hours after death to the Funeral Director. After this certific completely filled in by the funeral director,	ation: T	27. Manner of Death 1 Natural 5 Pending 2 Accident Investigs	28a. Date (Mon		28b. Time of Injury		c. Inju Wo			28d. Descri				ny)	
ital or Att urs efter di rai Directi led in by I	Certification:	3 Suicide 6 Could no 4 Homicide determin	ed 289. Place	of Injury - At ho ing, etc. (Specify	home, farm, street, factory, offica 28f. Location (Street and Nun City or Town, Stete)							ber or Rui	ral Route Number,		
the Hosp hin 24 hou the Funer nplataly fil	Medical	(Check only 2 Medical E.	Physician: To the kaminer: On the b and man	best of my know asis of examinat ner stated.	vledge, deeth ion and/or Inv	estigation, I	n my	opinion, dee	d place, th occurr	and due to t red at the tin	ne, date	and place,	end due	to the cause(s)	
0 0 0	Σ	29b. Signature and title of certifier	1. 1/	Ah.		29c.	Licens	se number			29d.	. Dete sign	ed (Month	Dey, Year)	

State Registrar

Division of Vital Records, P.O. Box 68760,

Baltimore, Maryland 21215-0020

Madalene Reene
31. Date filed (Month, Dey, Year)

AUG 0.2 1996

30. Name end address of person who completed cause of death (Item 23a) (Type, Print)

32. Registrar's Signature

Bowie MD ZUTIS

Superior Lane A-6

DHMH 16 Rev 6/95

and the second s

State of Maryland / Department of Health and Mental Hygiene 96

0	1	1	0	9
6	4	4	8	J

_						ertificate o	t Death	R	eg. No.	- Francisco	7700		
п	Physic	ian	1. Decedent's Name (First, Middle, Last)					2. Date of Dee Month		Year	3. Time of Death		
4	/Medi		Marie B	Barry				7/29/	1996		4:35AM		
	Exami		4e. Fecility Neme (If not institution, give s	street end number)			4b. City, Town, or	Location of Death	4c. County of	Death			
			ALTHEA WOO	DLAND			SILVER	SPRING	MONTG	OME	RY		
	Funeral		Social Security Number 6. Sex	7. Age (li	yrs. last birtho	Months Day	ar If Under 24 Hr	S. B. Date of Birth		9. Birtholi	ace (State or Foreign		
ч	Director	Н	120-18-3555	M 201 F	89 Yr	s		Augu	st1,190	Count 7 N	EW YORK		
	pu s		Usuei Residence of Decedent	10	o City Town o	r L continu				140			
	aho aho	2	10a. State 10b. County MONTGON	MERY	SILVE	SPRING				10	d. Inside City Limits		
	n tha Marylan r 28a-f ahow notified at	octo				T W Dr- C		1					
	le so	Director	10e. Street and Number	TU DETUE		10f. Zip Code		1	0g. Citizen of Wh	nat Count	ry?		
	ath v	Funeral	1000 DALE VII			209			US				
	ar daa	nue		12. Wes Decedent Ever Armed Forces?	In U,S.	 Was Decedent of If Yes, specify Cu 	f Hispenic Orlgin? (ıban, Mexican, Pue	Specify Yes or No- rto Rican, etc.)	14. Race - Black,	 America While, e 			
20	क क	by F	1 Never Married 2 Married	1 ☐ Yes 2 🔯 No If Yes, Give		1□ Yes 2KDN			Specify:				
00	72 hours "netural",	P	3 ☐ Widowed 4 ☐ Divorced	Year or Dates:									
5	national residence	Be Completed	15. Decedeni's Educ (Specify only highest grade	cation completed)	16a. D	ecedent's Usual Occ live kind of work don 'e. DO NOT use rati	upetion le during most of w	orking	16b. Kind of Busi	iness/ind	ustry		
12	within one.	E D	Elementery/Secondery (0-12)	College (1-4or 5+)			red)	Į.			1 0		
2	be filed with that Hygiene d other the event, the	ပိ	17. Father's Neme (First, Middle, Last)	4+		Educator	19 Mothor's No	ame (First, Middle,			ool Syste		
and	S E S	B	UNKNOWN				SHANN			,			
Ž	2 should be filed within and Mental Hygiene. • merked other then numatic event, the Ma	10											
Mai			19a. Informant's Name/Relationship (Ty) DAVID WATERS	oe, Print)		lailing Address (Stre			r, City or Town, S	tate, Zip	Code)		
9	C = N +					39 37th	St., was						
Baltimore, Maryland 21215-0020	2 2 2		20a. Method of Disposition 1 ☐ Burlal 2 ☐ Cremation 3 ☐ Re	amount from Ctota	cemetery,	isposition (Name of crematory or other p		12000	20c. Location - C				
Ë	Pe men		4 Donation 5 ☐ Other (Specify)		George	etown Me	d. Sch.	7.29/98	Wash,	, D.C.			
Sall	permit. Peg Department important: I any injury o		21. Signature of Euneral Service Licensee 22. Name and Address of Facility AUSTIN ROYSTER FUNERAL HOME										
ш	8 4 ± 5 8		AUSTIN ROYSTER FUNERAL HOME 3605 14th St. N.W., Wash, DC. 20010										
			23a. Part1. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Ben. Onset and I.										
	Physician									1	Onset and Death		
7	/Medicai		Immediate Cause (Final disease or condition . Clark had I (as cular accident										
	Examiner		Immediate Cause (Final disease or condition resulting in death) a. Click had Vascular accident Due to (or as a consequence of): B. A Trial firmy, leading to immediate cause. Enter Underlying										
	D #	ne											
	nd	E am											
0	be axecuted iclan and burial-transit	ũ	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury thet initieted events Due to (or as a consequence of): Due to (or es a consequence of):										
68760,	ata b nysic he b	edical	thet initiated events resulting in deeth) Last	Due	to (or es a cor	sequence of):				1			
9	certificata be axecut ding physician and usa as the burial-trar	/Mec	Troubling in dodiny 2201							1			
SOX		an	d							1			
9. B	2 0 2	Physiciar	Part II. Other significant conditions conf	tributing to death but no	ot resulting In th	e underlying cause	given in Pert I.	23b. Dld to	bacco use conti	ributs to	the cause of death?		
P.0	requires that the de seen signed by the a hould be detached f	Phy	History 17 min	d'cu				1 🗆 Y	es 20 No 3	B □ Prob	ably 4 Unknown		
	signed det	by	Typorayrou	011)-7			-		7.				
brd	been si	8	Debreccia		24a. Was a	re autopsy findings ilable prior to							
S	2 5 5	ple	Venresho								pletion of cause eath?		
ď	0 - 0	Completed	ohesita					1 D Y	s 2 No	10	Yes 2□ No		
of Vital Records,		Bec	25. Was case referred to medical				28 Place of De	eth (Check only or			2002		
>	ysiclan: s certific director,	To B	examiner?	ospitai:	2 ER/Outpe	itient 3 DOA	Wher:	Home 5 ☐ Reside		(Specify	1		
ō	五百 五百		27. Manner of Deeth	28e. Data of Injury	28b. Tim	e of 28c. In	jury at	Y	ow injury occurred	1 , , , ,			
o	tending Fleath.	ફ	1 ANaturai 5 ☐ Pending 2 ☐ Accident investigation	(Month, Day Ye	<i>ar)</i> inju		ork? ⁽ □Yes 2□No						
Division	death. ctor: A y tha fu	fica	3 Suicide 6 □ Could not be	28e. Place of Injury -	At home, farm	street, factory, offic	е	28f. Location (S	reet and Number	or Rural	Route Number,		
Ö	affer Dire	Certification:	4 Homicide	building, etc. (S	pecify)	•		City or Town	n, State)				
	epite ours	O Je	29a. Certifier 1 Certifying Physi	clan: To the best of m	v knowledge, d	eath occurred at the	time, date and place	e. and due to the c	ause(s) and man	ner as sta	ited.		
	To the Hospital or Attenwithin 24 hours after deatl To the Funeral Director: completely filled in by tha	edicai		er: On the basis of exa and manner staled.	minetion and/o	r investigation, in my	opinion, death occ	urred at the time, d	ate and piace, an	d due to	the cause(s)		
	o the	Me	29b. Signeture and title of certifier	-		29c. Lice	nse number	2	9d. Dete signed ((Month, D	Pay, Year)		
			17 +)		70 .	unah		8-1-9	3/			
	(2)		30. Name end address of person who cor	nnieted cause of dooth	(Item 23a) (T	no Primi\	6.10		4 (/	6			
	(24)						/						
			TUNG P. LE	E 700 BUC	KINGH	AM DR.	SILVER	SPRING	MD - 20	901			

DHMH 16 Rsv 6/95

Registrar

AUG 01 1996

State of Maryland / Department of Health and Mental Hygiene 96 24484

					Cert	ificate of	Death		Reg. No.		
	Physic	ian	1. Decedent'a Name (First, Middle, Last)	Thomas	~	رسا (س		2. Date of D Month	eath Dey	Year	3. Time of Death
V	/Medi				20		1	r Location of Dee	1 22		1 - AM
7	Exami	ner	4a. Facility Nama (If not institution, give street and Washington Adventist	Hospital			Takoma	a Park	Mont	gomer	y County
	Funeral Director	ı	5. Social Security Number 6. Sex 7. Age (In yrs. lest birthdey) 11 Under 1 Year 1 If Under 24 Months Days Hours 1						leth 15, 1931	9. Birthp Coun Vir	elece (Stete or Foreign etry) ginia
	pu *		Usuel Residence of Decedent 10e. State 10b. County	10c. City, Tow	m or Loca	etion				1	0d. Inside City Limita
	s 1 and 2 should be filed within 72 hours efter deeth with the Maryland if Health and Mental Hygiena. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examinat must be notified as	Funeral Director	Maryland Prince Georg			ille					1 ☐ Yes 2 No
	4 2 2	E.	10e. Street and Number			10f. Zip Coda			10g. Citizen of V	Vhet Coun	itry?
	23a	2	1807 Fox Street #2			2078:	3		Unite	d Sta	tes
	eme	Inel		Decedant Evar In U,S.	13. Wa	as Decedent of H	ispanic Origin?	(Specify Yes or Nerto Rican, atc.)		e - Americ	
2	or it	Ē	1 Never Married 2 Married 1X Y	es 2 No Give		Yes 2∭ No	Specify:	, , , , , , , , , , , , , , , , , , , ,	Specify		400
00	Fr.	d by	3 X Widowed 4 □ Divorced Yaar	or Detes: 1951-55					Орвону	Blac	.k
21215-0020	72 h	Completed	15. Decedent's Education (Specify only highest grade completed)	16a	(Give kil	nt's Usual Occup	during most of w	orking	16b. Kind of Bu	usinaas/Ind	dustry
121	within ena.	du	Elamentary/Secondery (0-12) College (1-4or 5+)			NOT use retired n (Bric		Masonr	**		
	her the	ပိ	17. Father's Name (First, Middle, Last)		Habo	II (DIIC		ama /Fired Adirect			
Maryland	2 should be filed within 72 hours 1 and Mental Hygiena. 1s marked other than "natural", raumatic event, the Madical Exe	Be	Thomas Bowling					ary Alic	e, Meiden Sumer	e) /	
2	d Me	To		400	B 4 - 117	A 11 (0)				-/-	
N S	d2 sl h an 7 ls r traur		19a. Informant'a Name/Reletionship (Type, Print)		_				ber, City or Town,	/	
	is 1 and 3 if Health item 27 other tra		Charlotte Bowling 20e. Method of Disposition	20h Place o	f Disnosit	t. 1, Bo			ie, VA 2	/	
ò	Pages nent of i int: If its		1 ☐ Ramoval fr	om State Chestni	ny, creme	tory or other please ove Baptis	t Church '	July 27,	20G. LOCATION	City of 10	wn, Stete
Baltimore,	permit. Pages Department of Important: If it any Injury or once.		4 □ Donetlon 5 □ Other (Specify)	Ce	emeter	У		1996	The state of the s		unty, Virginia
Bal	Departiment Important		21. Signature of Funaral Sarvice Licansee A #M	00690	22.1	Nama and Addre	ss of Facility	Bland-Re	id Funer	al Ho	me
	002 a d		Mourande	auson			I	Farmvill	e, Virgi	nia	
-			23a. Part1. Entar tha disease, or complications the ahock, or heart failure. List only one cause	at causad tha daath. Do on each line.	not enter	the moda of dyln	g, such as cardi	ac or respiratory	arrest,	- \	Approximata Interval Between
	Physician								Λ	4 1	Onsat and Deeth
1	/Medicai Examiner		Immediate Cause (Fina) disease or condition resulting in death) e. a cute wyo cardiol in Cardion **Solution** **Grand Cardion** **Solution** **Grand Cardion** **Solution** **Grand Cardion** **Solution** **Grand Cardion** **Grand Cardion** **Solution** **Grand Cardion								Some
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	and and I-tran	хап	Sequentially list conditions,	Due to (or es a	conseque	ence of):					
68760,	be ey ician burla		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury								
87	phys the	Medical	that initiated avents resulting in deeth) Last	Due to (or as a	consequa	inca of):					
×	eath certificate be executed attending physician and for use es the burial-transit	Me	d								
Bo	death e atten	clar									
0	the d	Physician	Part Ii. Other algnificent conditione contributing t	o death but not resulting l	n the und	erlying ceusa giv	en in Pert i.				the cause of death?
Δ.	that the ed by detac							1	Yee 2 No	3 Prob	bebly Dunknown
Records,	S E 8	d by						04- 144-		24h 18/4	are autopsy findings
0	v requires been sign should be	etec							s an eutopay formed?	ava	aliable prior to
3ec	2 5 2	Completed		-						of o	mpiation of cause death?
=	Page at a	S						1 🗆	Yes 25 No	1□	Yes 2□ No
Vital	Physician: The this certificata ral director, pag	Be	25. Was case referred to medical examiner?					eath (Check only	one)		
of	physic this c	P		☐ inpatient 2 ER/Ou		3□ DOA Oth	4 LI Nursing	_	sidence 6 Oth		1)
		on:	27. Manner of Deeth 28a. D		Time of njury	28c. injun Wor		28d. Describe	how injury occur	ed	
Sio		cat	2 Accident investigation 3 Sulcide 6 Could not be 380 B				Yes 2 □ No				
Division		Certification:	4 Homicide determined 28e. P	ece of injury - At home, fa ilding, etc. (Specify)	ırm, stree	t, fectory, office			(Street and Numb own, Stete)	er or Rure	I Route Number,
	urs a urs a rail Delli										10
	To the Hospital or within 24 hours afte To the Funeral Dir completely filled in	edical	29a. Certifier 1☐ Certifying Physician: To (Check only 2☑ Medical Examiner: On the	a besis of examination an							
	within 2 To the comple	Med		nenner stated.		00-11			and Batalaia	1.41.4	0
	J. V. C. O.		29b. Signatura and title of certifier			29c. Licens	a unwoet		29d. Dete signe	ı (Month, l	Day, Tear)
	(-)		200	aulen	w	D	085	46	Saly	3.	2-46
	151		30. Name end eddress of person who completed of	euse of deeth (Item 23e)						1	, and
-			John to	in ber	802	LIB WI	s cons	IN AU	e 6	>6	naska
	Sta			Aegistrar's Signature							
	Registr	ar	AUG 01 1996	The minates	more than						

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State of Maryland / Department of Health and Mental Hygiene 96

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						Cer	tificate d	of Death			Reg. No.		
			1. Decedent'a Neme (First, Middle, L.	ast)						2. Dete of D		Vana	3. Tima of Death
	Physic /Medi		Mattie Eve	lyn Bisl	hop					0.7	2.3	Year 96	5a.m.
}	Exami		A Facility Name (if not instituting a few stands and a stands)							cation of Dea		4c. County of Death	
			8604 Jason C			Cli	nton	l	P.G.				
	Funeral				ge (In yrs. last	t birthday)	If Undar 1 Ya Months De		24 Hrs. Min.	8. Data of Bi	irth	9. Birth	placa (Stete or Foreign
	Director		577-24-9155	1 M 2 K	72	Yrs.	WOILING DO	73 110013	WIII I.	8. Data of Bi (Month, D 10/5/	23	N.	Ĉ.
	D >		Usuei Residence of Decedent 10a. Stata 10b, County		10c. City, T	·							
	short short	7				into							10d. Inside City Limits 1 ☑ Yes 2 ☐ No
	28a-1	ecto	MD P.G.		C1.	III CO.							
	with or a	Ö	8604 Jason Cou	~+			10f. Zip Cod	735			10g. Citizen o	S.A.	itry?
	eath	Funeral Director	11. Meritel Stetus	12. Waa Decedent	Ever in II S	13 V	Vaa Decedent		nin? /Sne	cify Vee or N		ice - Amaric	cen Indien
	the d	L'A	1 Never Merried 2 Married	Armed Forces?		it	Yas, specify C	Suban, Maxican	, Puerto f	Rican, etc.)		ack, Whita,	
21215-0020	within 72 hours offer death with the Meryland ene. than "natural", or items 23a or 28a-f show he Medical Exeminet inset to incidited at		3 ☐ Widowed 4 ☐ Divorced	It Yes, Give Tyaer or Detas:	110	1	□Yes 2 1	No Specify:			Spec	ify: B1	ack
ŏ	2 hot	Completed by	15. Decedent'a E	ducation	1	6a. Deced	ent's Usuel Oc	cupation			16b. Kind of		
215	hin 7	pie	(Specify only highest gr	rade completed) College (1-4or l	5+)	(Give :	kind of work do OO NOT use re	ne during mosi tired)	of workir	ng			
21	d wil	P	Elementary/Secondery (0-12)	00/log8 (1 40) (,	Bin	dery W	orker			Priv	rate	
pu	al Hy	Be	17. Fethar's Nama (First, Middle, Las								e, Meiden Sume	ma)	
yla	should be filed with nd Mental Hygiene. marked other than umatic event, the	2	Howard Rufus	Murray				Da	aisy	Barr	hart		
Maryland	permit. Peges 1 and 2 should be filed within 72 hours effer death with the Merylan Department of Health and Mental Hygiene. Important: if Nem 27 is marked other than "natural", or Nems 23a or 28a-f show any injury or other traumatic event, the Medical Examinations to activate any object.		19e. Intormant'a Neme/Reletionship								ber, City or Tow		Code)
	and eaith n 27		Jeanette Ball	ard					Clin		1d.2073		
Ore	Peges 1 nent of H nrt: If fren iry or oth		20a. Method of Disposition 1 □ Burial 2 □ Cremetion 3 [Removel from State	20b. Place	e ot Dispo: etery, crem	sition (Name of natory or other 111 Ce	plece)		Dete	20c. Location		
Baltimore,	men tant:		4 Donation 5 ☐ Other (Speci	(fy)	Ceda					7/27/	96 50	IITId	ind, Md.
Sal	permit. Depertr Importu any inje		21. Signature of Funarel Service Lice	nsee		22	. Name and Ad	drass of Facilit	у Но	dges	and Ed	lward	s
_	00 E # 0		Januse ?	- awan	25							nd, Md	1.20746
			23a. Pert1. Entar the diseese, or con shock, or heert teilure. List only	nplicationa that caused one cause on each li	d the deeth. (Do not ante	er tha moda of	dying, such as	cerdlec o	r respiretory	arrest,		Approximete Interval Between
	Physician		NORTH AND INCIDENCE									i	Onset and Deeth
1	/Medicat Examiner	ш	Immediate Ceuse (Fine) disease or condition resulting in deeth) Metastatic Cancer								{ 		
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	nsit	i i		Lung (*					1	
_6	eath certificete be asscuted ettending physician and for usa as the burial-transit	Examiner	Sequentielly list conditions, if any, leading to immediate		Dua to (or as	a conseq	uence of):					į	
68760,	sicial buri	cai	ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events	C. Dua to (or es e consaquanca of):									
68	ficet p phy as the	edicai	resulting in deeth) Last										
ŏ	andin usa	Mu		d									
B.	0 0 0	Physician	Pert II. Other eignificant conditions	contributing to death b	ut not resuitin	a in the ur	derlying ceuse	given in Part I.		23b. Did	I tobacco use o	ontribute to	o the cause of death?
P.0	t tha by th tachy	hy						•			Yes 2□No		
	as the do be de	by											
Records,	v require been si should	bed									s an autopsy formed?	av	ere autopsy tindings reliable prior to
ec C	2 S S	pie											mpletion of cause death?
R	0 - 6	Completed								10	Yes 2 No	10	☐ Yes 2☐ No
/ita	yaiclan: The is certificate director, pag	Be (25. Wes case referred to medical axaminar?					26. Plece	of Death	(Check only	one)		
of Vital	5 0	P	1 ☐ Yes 2 No	Hospitei: 1 ☐ Inpatia	ant 2 ER	/Outpatien	1 3LI DON		rsing Hon	na 5 Thea	idence 8 🗆 O	thar (Specia	ý)
	the fact	Ë	27. Manner of Deeth 1 ☑Neturel 5 ☐ Pending	28e. Dete of Inju (Month, De		b. Tima of Injury		njury at Work?		8d. Describe	how injury occ	urred	
sio	Attending or death. ector: After by the fune	cati	2 Accident investigation 3 Suicida 8 Could not be				M 1	Yes 2 1					
Division		Certification:	4 Homicide determined	ZOB. FIBOR OLINI	ury - At home c. <i>(Specify)</i>	, ferm, stre	eet, fectory, offi	ce	2	81. Location City or To	(Street and Nun own, Stete)	ber or Run	al Route Number,
	pital urs a mai C		000 Codding 455 0 454 1 D	11 1									
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edicai	29e. Certifier 1 Certifying Pl (Check only 2 Medical Example)	nyelcien: To the best of miner: On the bests of end menner sto	examinetion	end/or inv	estigetion, in m	y opinion, deal	d place, e th occurre	nd due to the d et the tima	ceuse(s) end r , date and piace	nenner es s , end due t	tated. o the cause(s)
	ithin of the orthodorus	N N	29b. Signatura and title of certifiar	end menner str	sted.		29c. Lic	ansa number		T	29d. Data algr	ed (Month,	Day, Year)
-	F 3 F 8		MIL										
	(11)		30. Name and address of person who	completed cause of d	leath /Item 22	la) (Tuno I		L432	-		1/	29/96)
			M.V. Pillai	,	*			Insti	t11+ e	e Irv	ing St	. N.V	٧.
	Sta	ate	31. Dete filed (Month, Dey, Year)	32. Registr	er's Signeture	9	LITOGI	1110 CT	-4-0	v.	-1.7		
	Regist		JUL 31 199	6 Julies	turkerd	Carlet							

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Department of Health and Men	tal Hygiene	96	2	1. 1.	0	0
Certificate of Death	Reg. No.	20	6	44	0	0

Physician
and the second
/Medical
Examiner

Funeral Director

the Maryland 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Modical Examiner must be notified at "natural", or items filed within 72 hours after Hygiene. rther than "natural", or ite permit. Pages 1 and 2 should be filed will Department of Health and Mental hyglen. Important: if item 27 is marked other that any injury or other traumatic event, it is once.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

physician at s the burial-t page 2

Records, P.O. Box 68760.

Division of Vital

Hospital or Attending Physician: 24 hours efter death. Funeral Director: After this certifica filled in by the • Funeral cai To the Hosp within 24 hou To the Fune completely fi

1. Dacedent's Neme (First, Middla, Last) 2. Data of Daath 3. Tima of Death ELIZABETH GERTRUDE BUTLER JULY 29,1996 07:20A 4a. Facility Name (If not institution, giva streat and number) 4b. City, Town, or Location of Death 4c. County of Death 5502 MANSFIELD DR. Temple PRINCE GEORGES Hills If Undar 1 Yaar Months Days If Undar 24 Hrs. Hours Min. 5. Social Sacurity Number 8. Data of Birth (Month, Day, Year) 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) 577-24-5751 87 Yrs June 10,1909 Clearbrook Va Usual Rasidanca of Decedent 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 Yas 2 No Prince George Temple Hills Directo 10e. Straat and Number 10f. Zip Coda 10g. Citizan of What Country? 5502 Mansfield Dr 20748 USA Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 11. Marital Status Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian. Black, Whita, atc. 1 Navar Marriad 2 Married 1 ☐ Yas 2 ☐ No If Yas, Giva 1 Yas 2 No þ Specify: Specify:Black ₩idowad 4 Divorced Yaar or Datas: Completed 15. Dacadant's Education (Specify only highast grada complated) 16a. Decedent's Usual Occupation 16b. Kind of Businass/Industry (Giva kind of work dona during most of working lifa. DO NOT usa retired) Elamantary/Secondary (0-12) Collega (1-4or 5+) Unknown Domestic Housewife Domestic 17. Fethar's Name (First, Middia, Last) 18. Mother's Neme (First, Middla, Maidan Sumeme) Be Fred Grant Gertrude Strother 19e. Informent's Name/Raletionship (Typa, Print) 19b. Mailing Addrass (Street and Numbar or Rural Routa Number, City or Town, Stata, Zip Code) Linwood Ashby 20a. Mathod of Disposition 20b. Place of Disposition (Nema of camerary, cramatory or other pieca)

State

Data

20c. Location - City or Town, Stata POBurial 2 Cremation 3 Ramoval from Stata 8/3/96 Orrick Cem Winchester Winchester va 22. Nama and Addrass of Facility Cartwright Funeral Home 4 ☐ Donation 5 ☐ Othar (Specify) Winchester Va. 21. Signature of Funeral Service Licens 437 N. Camron St. Winchester Va22601 mplications that caused tha death. Do not antar tha mode of dying, such as cardiac or respiratory arrest, in one cause on each line. Immadiate Ceure (Finel diseasa or condition resulting in daath) · Antonos cuenona CAMIOUAS CUAL DISOBS Dua to (or as e consequance ot): Examiner Sequantially list conditions, if any, leeding to immadiate cause. Entar Undarlying Causa (Disease or Injury that Initiated avants rasulting in death) Last Dua to (or as e consequence of): Physician/Medicai Dua to (or as a consequanca of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown UPPER GASTROTINTEXTINE BLEEDING þ 24a. Was an autopsy performed? Completed 24b. Were eutopsy findings available prior to completion of cause of death? INSPECTION 1 ☐ Yas 2 XNo Be 25. Was case referred to medical examinar? 26. Placa of Death (Check only one) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4□ Nursing Homa 5X Rasidanca 6 □Othar (Specify) 1 Yas 2 No Certification: To 28a. Dete of Injury (Month, Day Year) 27. Mennar of Death 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Netural 5 Pending investigation 1 ☐ Yas 2 ☐ No 2 Accidant 6 ☐ Could not be detarminad 3 Suicida 28e. Pleca of Injury - At home, farm, streat, factory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 29a. Cartifian 1 Certifying Physician: To the best of my knowledge, daath occurred at tha tima, data and placa, and dua to tha causa(s) and menner as statad. (Check only one) Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29b. Signaure and titla of certifian 29c. Licansa number 29d. Data signed (Month, Day, Year) OCME JULY 30,1996 30. Name and eddrass of person who completed causa of death (Item 23e) (Type, Print) Margarita Korell M.D. 111 Penn Street, Baltimore, Maryland 21201

State

Registrar

31. Data filed (Month, Dey, Year)

AUG 01 1996

32. Registrar's Signature

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State of Maryland / Department of Health and Mental Hygiene 24487 Certificate of Death 1. Decedent's Neme (First, Middle, Last) Crowther. 2. Dete of Deeth 3. Time of Death **Physician** Month Year LOUINGTON 9.13 Am 30.1946 KUTH JUL /Medical 4b. City, Town, or Location of Death 4a. Facility Neme (if not institution, give street and number) 4c. County of Deeth Examiner MANYLAND 6. Sex 7. H Under 1 Yeer If Under 24 Hrs. 6. [HOS PITAL OUTHEIN MINCE GEORGE 6. Dete of Birth (Month, Day, Year)
Jan. 22,1904 5. Social Security Number 7. Age (In yrs. last birthdey) Birthplece (State or Foreign Country) **Funeral** 1□M 20 F Months Deys Hours Min. 578-12-3823 92 Director Maryland Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after deeth with the Maryland Department of Health end Mentel Hyglena. Important: If item 27 is marked other than "naturel", or itema 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at once. 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 XX Directo Maryland Prince George's Clinton 10e. Street and Number 10f. Zlp Code 10g. Citizen of Whet Country? 6809 Louise Lane 20735 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 22 No If Yes, Give Year or Detes: 11. Meritei Stetus Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 1 □ Never Merried 2 □ Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 20XNo Specify: specify.White þ 3 XWidowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) 8th College (1-4or 5+) N/AClerical Federal Government 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Walter Ross Caroline Crowther 19e. Informent's Neme/Reletionship (Type, Pnnt) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Nancy Baker (Daughter) 6809 Louise Lane Clinton, Maryland 20735 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 XXurial 2 ☐ Cremetion 3 ☐ Removel from Stete Cedar Hill Cemetery Aug. 2,1996 Suitland, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Facility Lee Funeral Home, Inc. 21. Signeture of Funeral Service Licensee 6633 Old Alexandria Ferry Rd Clinton, Md 20735 23a. Pert1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** /Medical Immediete Ceuse (Finei Cerebrovasuler Accident month diseese or condition resulting in death) Examiner Examiner Afrial Fibrilation physician and the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Last Records, P.O. Box 68760 Physician/Medical Due to (or es e consequence of) 980 been signed by the a should be deteched t Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? 1 TYss 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings aveilable prior to completion of cause of death? 24e. Wes an autopsy performed? Completed peed ration proumone has paga 2 certificata 1 Yes 20 No 1 ☐ Yes 2 ☐ No Division of Vital funeral director, 25. Was case referred to medical examiner? Be 26. Piece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 0 2 1 ☐ Inpatient 2 ☑ ER/Outpatient 3 ☐ DOA this 27. Menner of Deeth 28a. Dete of Injury (Month, Dey Year) 28b. Time of 26d. Describe how injury occurred Certification: 28c. injury at Work? Aftert 5 Pending investigetion To the Hospital or Attending within 24 hours after death.
To the Funeral Director: Afte completely filled in by the fune Neturai 1 ☐ Yes 2 ☐ No 2 ☐ Accident 6 Could not be determined 3 Suicide Location (Street end Number or Rural Route Number, City or Town, State) 26e. Plece of injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 I Homicide 29e. Certifier (Check only one) 🔁 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and plece, end due to the cause(s) end manner as stated. edical 2 Medical Examiner: On the besis of examinetion and/or investigetion, in my opinion, deeth occurred at the time, dete end piece, and due to the ceuse(s) and menner steted. 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 30. Neme end address of person who completed ceuse of deeth (Item 23a) (Type, Print) 7501 Surratts Rd #302, Clinton, MD 20755. Patelono Surell

32. Register's Signeture

DHMH 16 Rev 6/95

State

Registrar

31. Dete filed (Month, Dey, Year)

AUG 0 7 1996

State of Maryland / Department of Health and Mental Hygiene 24488 Certificate of Death Reg. No. 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** SAL 2:00 SUUAB3 /Medical 4a. Facility Nama (If not institution, giva street end number) City, Town, or Location of Death 4c. County of Death **Examiner** AMO NSTER STHU AIN DOW 128 If Undar 24 Hrs. If Under 1 Yeer Months Days 5. Social Security Number 6. Sex 7. Aga (In yrs. last birthday) 8. Date of Birth (Month, Day, Birthplaca (State or Foreign Country) **Funeral** Days Min. Hours 1 🗆 M 305-46-4272 Yrs Director S Usual Rasidance of Dacedent permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mental Hyglene. Important: If Item 27 Is marked other than "natural", or items 23s or 28s-7 show should highly or other traumatic avant, ma Medical Examine must be notified at 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits 1 Yas 2 8 No Director MINSTE 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 M No If Yas, Giva Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Rece - Amarican Indian, Black, Whita, etc. 11. Meritel Stetus 1 Never Married 2 Married 1 Yas No Baltimore, Maryland 21215-0020 ģ 3 - Widowed 4 Divorced 7 Yaar or Datas Completed 16a. Decedant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT use ratired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Business/Industry College (1-4or 5+) Elementary/Secondery (0-12) E.D. P 17. Fathar's Nama (First, Middla, Last) Be (NG-44A) P AUELLE 19a. Informant's Name/Ralationship (Type, Print) of Rural Routa Number, City or Town, Stata, KAINBOW Bruce Kobeni THINSTER 20b. Place of Disposition (Nama of cematary, crematory or other) 20a. Mathod of Disposition Date 20c. Location - City or Town, Stete 1 ☐ Burial 2 Cremation 3 ☐ Removal from Stata ANNOI 4 ☐ Donetion 5 Othar (Specify) 21. Signeture of Funaral Gervice Lieguage 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such es cardiec or respiretory errest shock, or heart failure. List only one cause on each line. **Physician** /Medical immediata Causa (Final disaasa or condition rasulting in daath) Examiner Dua to (or as a consequence of) Examiner Hospital or Attending Physician: The lew requires that the death certificate be executed Sequentially list conditions, if any, laading to immadiata causa. Enter Undarlying Cause (Diseasa or injury that initiated evants resulting in daath) Last and Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, ettending physician for use as the buria Physician/Medical Due to (or es a consequenca of): signed by the ettending p d be detached for use as Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 No 2 No 3 Probably 4 □ Unknown by 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to complation of causa of daath? Completed peen : certificate has 1 Yes 2 No 1 ☐ Yas 2 ☐ No 25. Was casa rafarred to medical axaminar? Be 26. Placa of Death (Check only ona) Other: 4 Nursing Homa oma PRasidance 8 Othar (Specify)
28d. Dascribe how injury occurred ٩ 1 Yas 200 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Data of Injury (Month, Day Year) 28c. Injury et Work? Certification: 27. Mannar of Death 28b. Time of After 5 Panding invastigation Naturai 1 Yas 2 No death. 2 Accidant within 24 hours efter deat To the Funeral Director: completely filled in by the 3 Sulcida 6 Could not ba 28f. Location (Street end Number or Rural Routa Number, City or Town, Stata) 28a. Piaca of Injury - At home, ferm, straat, fectory, office building, atc. (Specify) 4 Homicida tertifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner so states.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner steted. 29a. Cartifiar Medical 29b. Signature end title of certific 29c. License number 29d. Date signed (Month, Dey, Year) 0 035606 W 30. Nama and addrass of person who plated causa of daeth (itam 23a) (Type, Print) 576 PRINT onthe with

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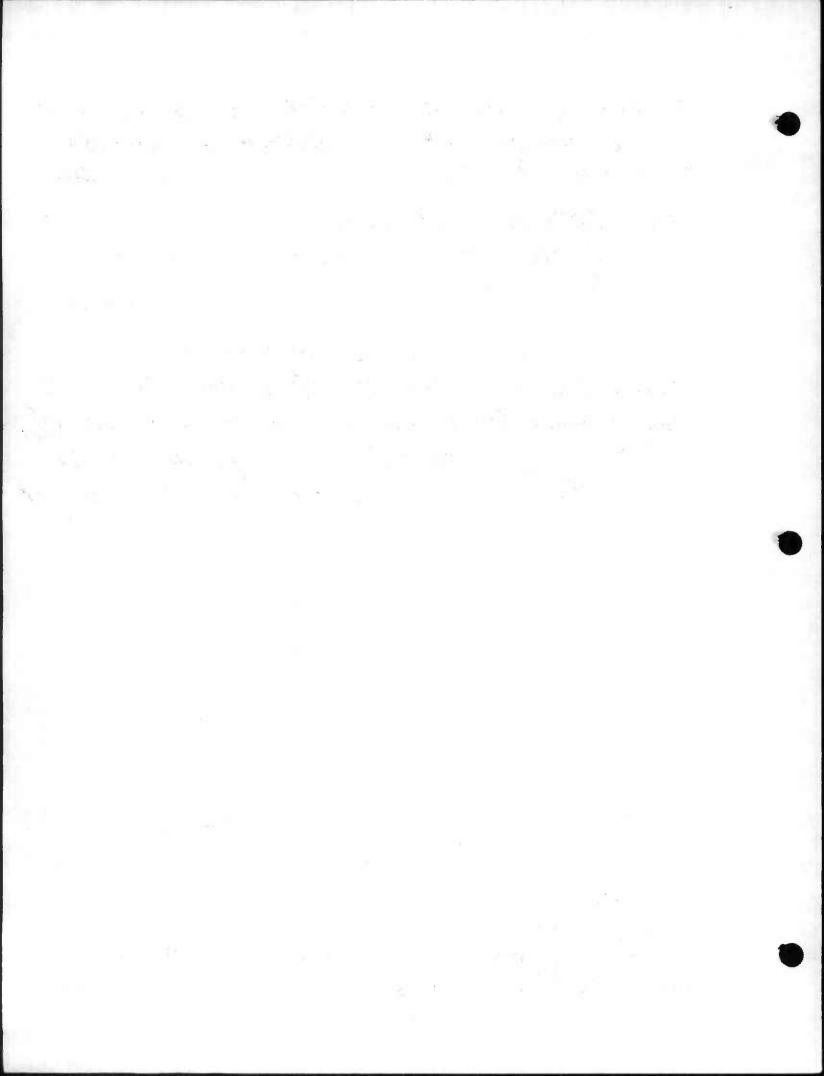
State Registrar

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31. Data filed (Month, Day, AUG 7

1996

62. Registrar's Signa



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 h Certificate of Death Gladden Chew Lelia Reg. No 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** 8)225 Gladden e 119 /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Williamsport Washington Homewood Retirement Center If Under 24 Hrs. Hours Min. If Under 1 Yeer 5. Sociel Security Number 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) Sept. 12, 1906 Virginia Birthplece (State or Foreign Country) Funeral 1□M 2XF Months Deys 227-46-7677 Yrs. 89 Director Usuei Residence of Decedent 10a. Stete 10b. County 10c. City. Town or Location na 23a or 28a-f ahow nast be notified at 10d. Inside City Limits 1 ☐ Yes 2 ☑ No Director Washington Williamsport Maryland 10a. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? Nerna 23a USA death Funeral 16505 Virginia Avenue 21795 12. Wes Decedent Ever In U,S. Armed Forces?

1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. permit. Peges 1 and 2 should be filed within 72 hours after of Department of Health and Mental Hygiene. Important: If item 27 is merked other than "natural", or flee any injury or other traumatic avant. Bleck, White, etc. 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: þ 3 ₩ Widowed 4 Divorced White Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondery (0-12) Coilege (1-4or 5+) homemaker home 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be Lelia Susan Humphries Albert Lamuel Hook 19e. informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 9713 Clover Heights Hagerstown, Maryland 21740 Russell C. Chew, Jr. 20b. Piece of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Thornrose Cemetery 8/7/96 Staunton, Virginia 21 Signeture of Funeral Service Licenses 22. Name and Address of Feculity. Gerald N. Minnich 305 N. Potomac Street MMIC Funeral Home Hagerstown, Maryland Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical of unknown Primary · Metastatic Examiner Physician/Medical Examiner physicien end the buriel-transit The law requires that the deeth certificate be executed Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or es e consequence of): Box 68760. Due to (or es e consequenca of): 88 attending p 980 Pert il. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert t. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. the signed by t 1 Yes 2 No 3 Probably 4 Unknown ģ 24b. Were autopsy findings aveilable prior to completion of cause of death? 24e. Wes en eutopsy performed? Completed peed page 2 hes 1 Yes 1 ☐ Yes 2 ☐ No certificate Be 25. Wes case referred to medical exeminer? 28. Piece of Deeth (Check only one) 1 Yes 2 No Hospitei: Other: 4 Aursing Home 5 Residence 6 Other (Specify) 10 1 inpatient 2 ER/Outpatient 3 DOA this uneral 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28c. Injury et Work? 28d. Describe how injury occurred Certification: After i Neturel Hospital or Attanding 5 Pending investigation n 24 hours after deeth.

Ne Funeral Director: After pletely filled in by the fur 1 Yes 2 No 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Piece of injury - At home, ferm, street, factory, offica bullding, etc. (Specify) 4 Homicide Medicai 29e. Certifler Letitifying Phyeicien: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. yletely (Check only one)

29c. License number

MUD. Ph.D

32. Registrer's Signature

eth (item 23e) (Type, Print)

29d. Dete signed (Month, Day, Year)

State Registrar 29b. Signature and title of certified

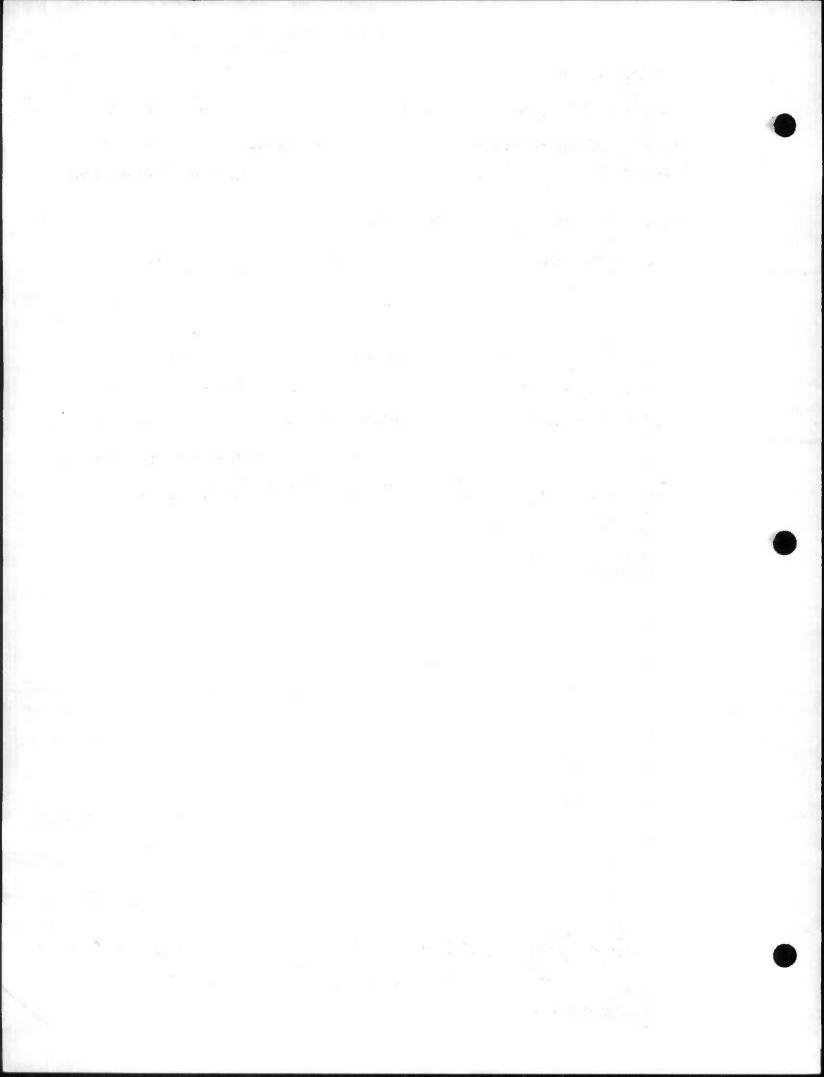
31. Dete filed (Month, Day, Year)

30. Name and address/of person who comple

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5 1996

within 2.



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month 996 August 5 2omas 4e. Facility Nema (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Washington County Hospital Hagerstown Washington If Under 1 Yeer If Under 24 Hrs. 8. Data of Birth
(Month, Day, Year) 5. Sociei Security Number 7. Age (In yrs. last birthday) 9. Birthplece (Stata or Foreign Country)
Maryland 120 M 2□ F 66 215-26-9193 April 30,1930 Usual Rasidence of Decedant 10e. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits Maryland | Washington Williamsport 1 ☐ Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 21795 16809 Hampton Road U.S.A. 14. Rece - Amarican Indian, Biack, Whita, atc. 11. Maritai Status 12. Wes Decedent Evar in U,S. Armed Forcas? 1∑ Yes 2 □ No If Yas, Giva Wes Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married white 1 ☐ Yas 2 ☐ No Specify: 3 Widowed 4 Divorced Year of Bates: 957 15. Decedant's Education (Specify only highest grade completed) 16a, Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elamentery/Secondary (0-12) Collega (1-4or 5+) mechanic city govt. 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middla, Maiden Sumama) Pauline Condon George 19a. Informant's Name/Raiatlonship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 16809 Hampton Road, Williamsport, Maryland 21795 Mrs. Gladys J. Condon/wife 20b. Placa of Disposition (Nama of cemetery, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stala 1 ☑ Burlal 2 ☐ Cremation 3 ☐ Ramovel from State 4 ☐ Donation 5 ☐ Other (Specify) Cedar Lawn Memorial Park 8-5-96 Hagerstown, Maryland 21. Signature of Funerei Service Licensee 22. Name end Address of Facility Minnich Funeral Home 415 East Wilson Blvd., Hagerstown, Maryland 21740 annels T. A alcen 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haert failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediata Cause (Final diseasa or condition resulting in death) Due to (or as a consequence of) Sequentially list conditions, if eny, laading to immadiata cause. Enter Underlying Causa (Disaase or Injury that Initiated events resulting in death) Lest Due to (or as a consequence of): Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 20 No 3 Probably 4 Unknown 24b. Ware autopsy findings available prior to completion of cause of death? Clockediumpertringary To I lu re ning tori 1 Yes 2 ₩ 1 ☐ Yas 2 ☐ No 25. Was casa rafarred to medical axaminar? 28. Placa of Death (Check only ona) Hospital: Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yas 2 Ne □ Inpatlant 2□ ER/Outpatient 3□ DOA 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 1 Naturai 5 Pending 2 Accident invastigation 1 Yas 2 No

Division of Vital Records, P.O. Box 68760,

that the death certificate be 2 algned to page 2 5149 I or Attending P after desth. Director: After t B a Funeral Di betaly filled in

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Medical

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Physician/Medical Certification: To

Physician

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Examiner

Funeral

Director

rthan "natural", or Itams 23a or 28a-f ehow the Medical Examiner must be notified at

Director

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death with the Maryland

filed within 72 hours after

permit. Pages 1 and 2 should be filed within 7; Department of Health and Mental Hyglene. Important: if item 27 is marked other than "na any injury or other traumatic event, the Medis. Once.

Physician /Medicai

Examiner

Baltimore, Maryland 21215-0020

3 Suicide 4 Homicide

29a. Cartifian (Check only

29b. Signatura and titla of certifiar

6 Could not be detarmined

28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, Stata)

t Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the causa(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and manner stated. 29c. License number

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29d. Deta signed (Month, Day, Year)

Name and addrass of person who complated auso of death (Itam 23a) (Type, Print) ede 52

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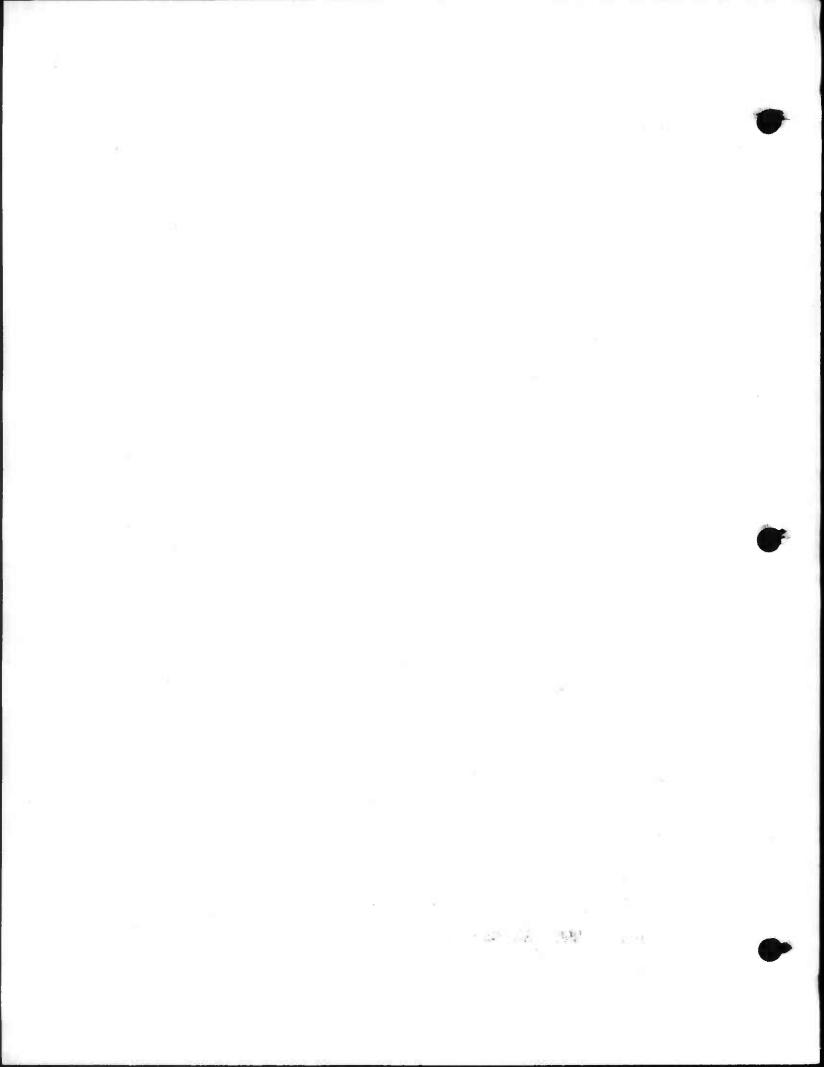
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	death with the Marylend ime 23a or 28a-f show r man be notified at	Funeral	11. Maritai Status	12. Was Decedant Evar in U,S.	13. W		Hspanic Origin? (S an, Maxican, Puert	pecify Yas or No-		- Amarica	an Indian,
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02	ours :	by	3 ₩ Widowed 4 Divorced	If Yes, Giva Yeer or Datas:	11	Yas 2010	Specify:		Specify:	WH]	LTE
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DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALLIMOTE, MA

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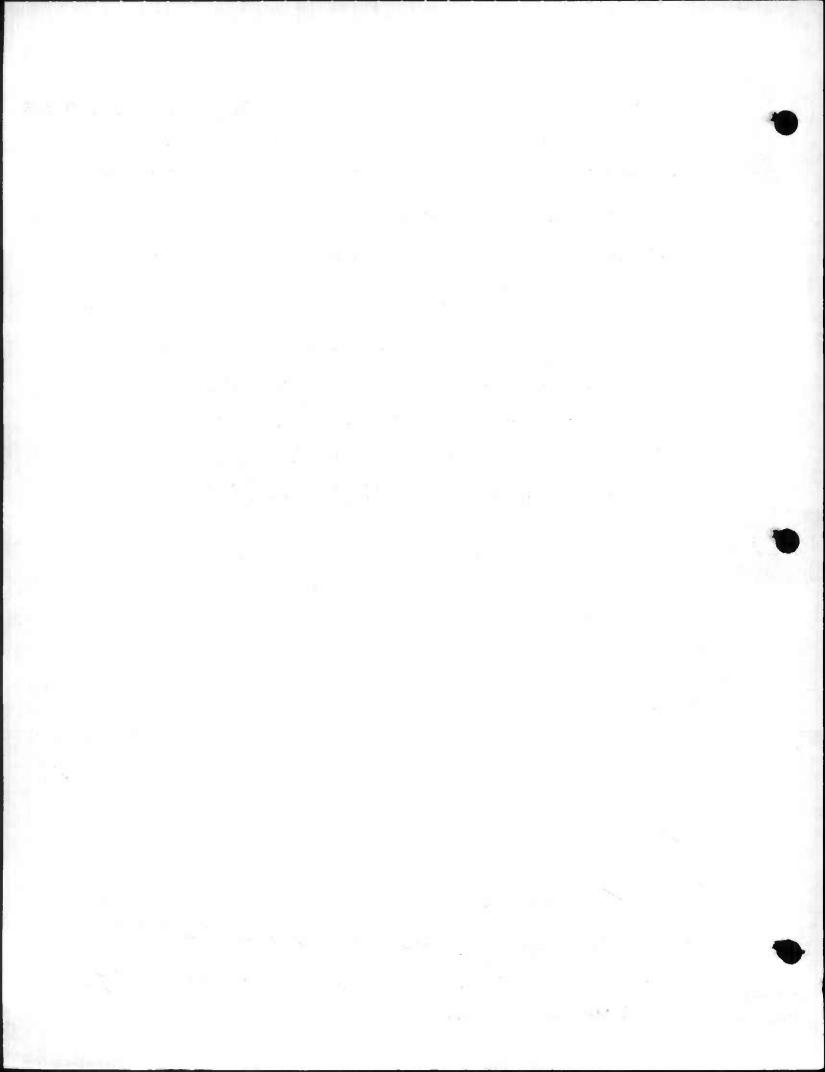


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E P		19a. Informant's Neme/Ralatio	nship (Type, Print)		19b. Mailir	ng Address (Stre	et and Nur	mber or Run	al Route Numb	mber, City or Town, Stata, Zip Code) Land, MD 21502 20c. Location - City or Town, Stata					
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mpletery	edic	(Check only 2 Medics one) 29b. Signatura and titla of certifi	and mann	sis of axaminetic	on and/or Inv	estigetion, in my	opinion, d	eeth occurre	ed at tha tima,	date and place, a	and dua to	tha cause(s)			
8		12/	1)		ALD	ATZ	2438	946-	-R50	July Ho.	29	1996			
0.8	- 13	30. Nama and address of person	who completed causa	of death (Itam :	23a) (Type, F	rint)									

Jahr Dankson Randell

State

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 24494 Amendment to B Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Tima of Death Day **Physician** CHANDLER 28, 1996 LAWRENCE JULY 10:10 P.M. Υ. /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner MEMORIAL HOSPITAL CUMBERLAND ALLEGANY If Under 24 Hrs.
Hours Min. 5. Sociel Security Number If Under 1 Yeer 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) **Funeral** Deys Months 1 M 2□ F Yrs 80 Director 403-16-1617 May 2,1916 Kentucky Usuel Residence of Decedent with the Maryland r 28a-f show inotified at 10a, Stete 10c. City, Town or Location 10d. Inside City Limits Directo MD N Yes 2 No ALLEGANY CUMBERLAND 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Itam 27 is marked other than "natural", or itama 23a or other traumatic evant, the Modical Examiner must be n **#1 BALTIMORE STREET** 21502 U.S.A. permit. Pages 1 end 2 should be filed within 72 hours after death v
Department of Health and Mental Hygiene, important: if ham 27 is marked other than "natural", or farma 23a any injury or other traumatic evant, the Medical Experience 2006s. 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 ☐ Never Merried 2 ☐ Merried 3altimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: þ White 3 ₩ Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry U.S. ARMY Elementery/Secondery (0-12) Coilege (1-4or 5+) 1) SFC 2) GUARD 2) SECURITY AGENCY 12 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) OMER L. CHANDLER MAMIE V. HOWLETT 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 21 W. ROBERTS ST.-CUMBERLAND, MD A. KAY GROGG 20b. Pleca of Disposition (Name of Semetery, eventerary or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete Buriel 2 Cremetion 3 Removel from State 7/31/96 SUNSET MEMORIAL 4 ☐ Donetion 5 ☐ Other (Specify) PARK CUMBERLAND, MD 21. Signature of Funeral Service Licenses 22. Name end Address of Fecility GEORGE-UPCHURCH FUNERAL HOME, 202 GREENE ST., CUMBERLAND, MD 21502 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Betw Physician /Medical Immediate Cause (Final disease or condition resulting in death) a Gastrointestinal bleeding 3 weeks Examiner Due to (or as e consequence of): Examiner b. Diabetes mellitus 10 years physician and the burial-transit the death certificate be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury Due to (or es e consequence of) c. Renal failure 2 days Physician/Medical thet initiated events resulting in deeth) Last Due to (or es e consequenca of): 62 980 ò P.O. signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably ♣ ☐ Unknown High blood pressure þ 24e. Wes en autopsy performed? 24b. Were autopsy findings evellable prior to completion of cause of death? Completed peed page 2 has 1 Yes 2 No cartificata 1 ☐ Yes 2 ☐ No Division of Vital funaral director, 25. Wes case referred to medical 26. Plece of Deeth (Check only one) 8 Hospitel: 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 this 27. Menner of Death Certification: 28a. Dete of Injury (Month, Day Year) 28b. Time of Injury 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending investigation 1 Neturel or Attanding after death. 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) filled in by 4 Homicide To the Hospital of within 24 hours at To the Funeral Discompletaly filled it 1) Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the cause(s) end manner as stated.
2 Madical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, dete end pleca, and due to the cause(s) and manner stated. 29e. Certifier edicai (Check only 29b. Signature and title of certific 29c. License number 29d. Dete signed (Month, Day, Year) D 36766 30. Name and address of parson who completed cause of death (Item 23a) (Type, Print) VIK POONAI M.D. 955 FREDERICK STREET CUMBERLAND, MD 21502 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture State Satis Davilson Rawlatt JUL 34 1 Registrar

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State of Maryland / Department of Health and Mental Hygiene

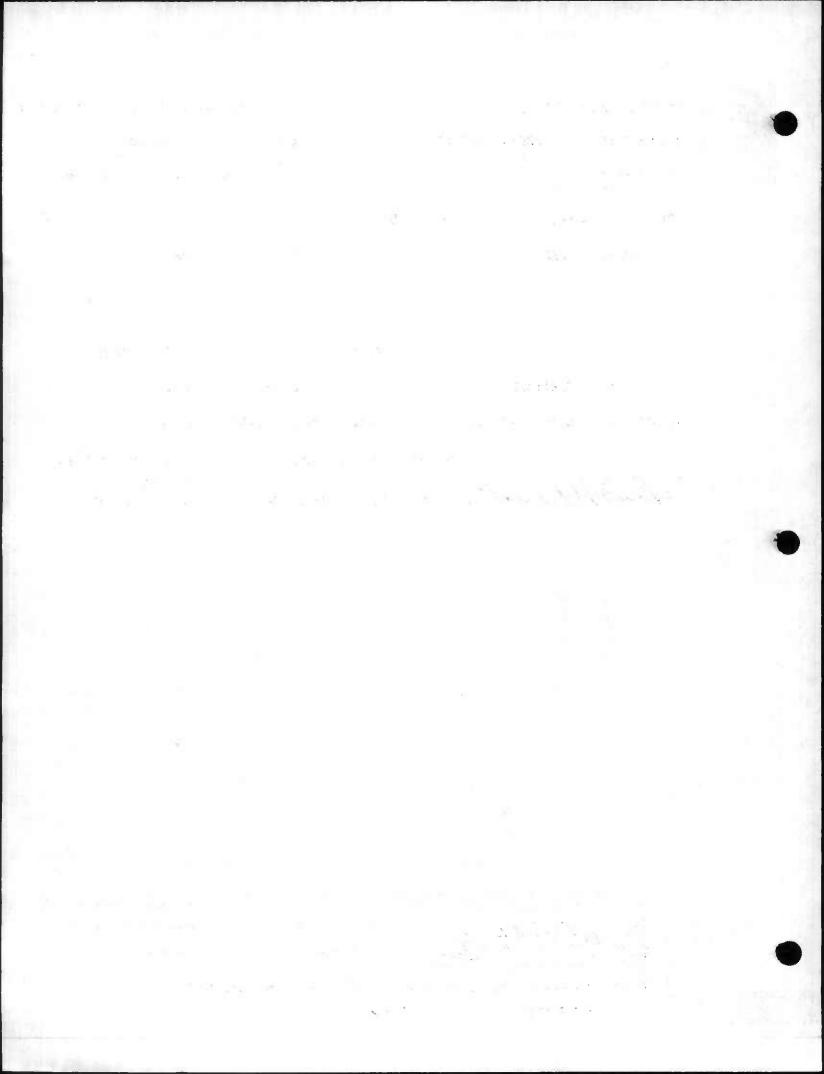
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State of Maryland / Department of Health and Mental Hygiene

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E	Examir	ner	4a. Facility Name (If not in:							4b. City, Tow	m, or Lo	ocation of Death	4c. County	y of Deeth			
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	ineral rector		5. Social Security Number 220-58-0752		Sex 1□M 2M∑F	7. Age (In yrs 42	. lest birthday Yrs.	If Unde Months			4 Hrs. Min.	8. Date of Birtl (Month, De) AUG 22	of Birth h, Dey, Year) 22, 1953 M		in(ry)		
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id 2 should be file th end Mental Hy	S TO	ı .	19a. Informant's Name/Re	atlonship (Type, Print)		19b. Mail	ing Address	(Stree	t end Number	or Rura	al Route Numbe	r, City or Town,	Stete, Zij	p Code)		
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24 h	etely	edicai		dical Exam	niner: On the ba	best of my kno asis of examina her stated.	wieoge, deat	vestigetion,	in my	me, dete and opinion, death	occurre	and due to the co ed et the time, d	ate and place,	end due to	tered. the cause(s)		
o the	ldwo	X -	29b. Signature and title of p	orțifig()	011	ior stated.		290	Licens	se number		2	9d. Dete signed	d (Month.	Dev. Year)		
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		10	30. Name end address of pe														
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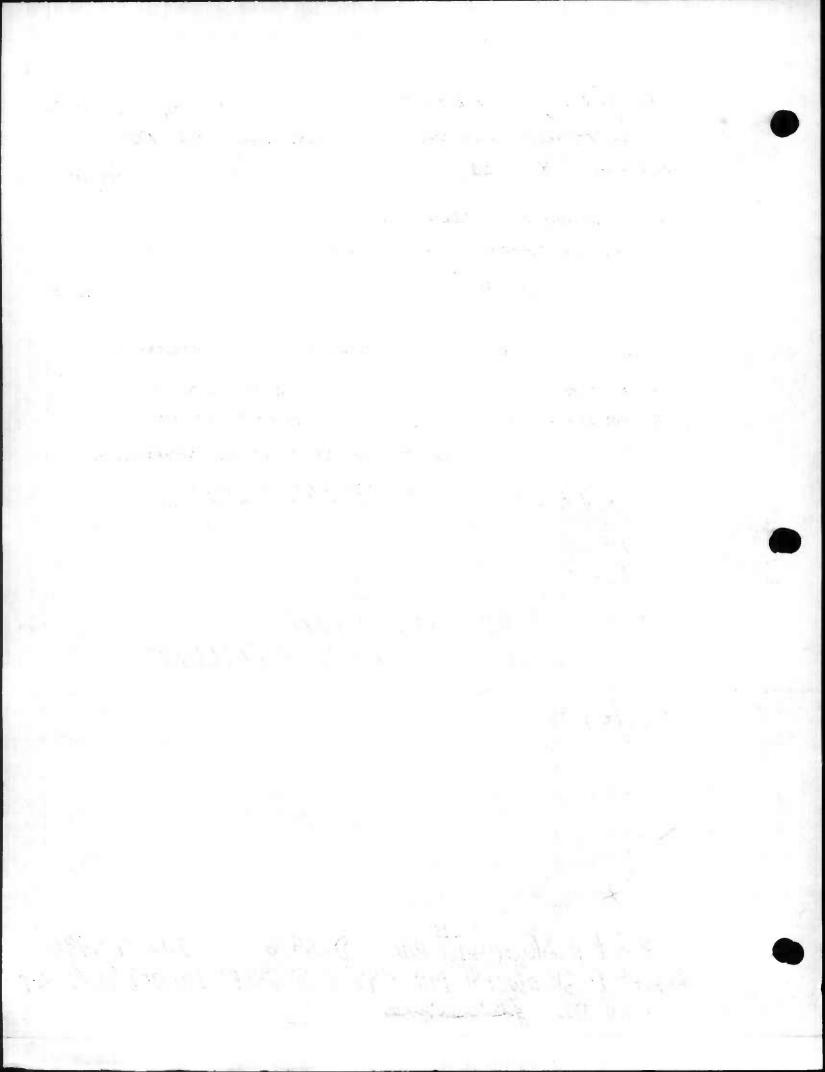


State of Maryland / Department of Health and Mental Hygiene

24497 Certificate of Death 1. Decadant's Nema (First, Middla, Last) 3. Time of Daath **Physician** SIMMS Month /Medical 29 4e. Facility Nama (If not institution, diva straat and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner HYATTSULLE MD Hours Min. 8. Deta of Birth (Month, Day, Year) 5. Social Sacurity Numbar 6. Sex 1 M 2 ☐ F If Under 1 Year Age (In yrs. last birthday) Funerai Birthplaca (State or Foreign Country) Days 217-58-1696 Vrs Director MARYLAND Usuat Rasidance of Decedant the Maryland 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City I Imits r than "naturel", or items 23a or 28a-f show the Medical Examiner must be notified at 1 DANAPOLIS Director MD 1 TYas 2 □ No ANNE ARUNDEL 10e. Street and Number 10f. Zip Coda 10g. Citizan ot What Country? deeth with 42 COLLEGE CREEK TERR 21401 US Funeral 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No It Yas, Giva Yeer or Datas: 13. Was Dacedant of Hispanic Origin? (Specify Yes or Notif Yas, specify Cuban, Maxican, Puerto Rican, etc.) 11. Mantei Stetus 14. Rece - American Indian, Black, Whita, atc Peges 1 and 2 should be filed within 72 hours efter 1 Navar Married 2 Marriad Baltimore, Maryland 21215-0020 BLACK 1 Yas 2 No Completed by 3 ☐ Widowad 4 ☐ Divorced Specify: 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) 16b. Kind of Businass/Industry I Hygiene. Elamantary/Secondary (0-12) Cotlega (1-4or 5+) 10th TV REPAIR MAN AMERICAN TV 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surname) Be Department of Health end Mental I Important: If Item 27 is marked of any Injury or other traumatic eve JOHN A. SIMMS MARTHA JOHNSON 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Numbar or Rural Routa Number, City or Town, Stata, Zip Coda) ELEANOR BUTLER (SISTER) 13 HICKS AVE. ANNAPOLIS, MD. 21401 20a. Mathod of Disposition 20b. Ptaca of Disposition (Name of camatery, cramatory or other place) 20c. Location - City or Town, State Data 1 X Burlal 2 ☐ Cramation 3 ☐ Ramoval from Stata ANNAAPOLIS MEM. GARDENS 8/2/96 ANNAPOLIS, MD. 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Funaral Sarvice Licenses 22. Nama and Addrass of Facility WM. REESE & SONS MORTUARY, P.A. 821 WEST ST. ANNAPOLIS, MD. 21401 23a. Part 1. Entar tha disaase, or compilcations that causad tha daath. Do not entar tha mode of dying, such es cardiac or raspiratory arrast, shock, or haarf failura. List only one cause on each line. Approximate tntarval Batween Onsat and Death **Physician** /Medical tmmadiata Causa (Finat disaasa or condition rasulting in daath) **Examiner** Examiner Hospital or Attending Physician: The lew requires that the death certificate be executed Sequantially tist conditions, if any, laading to immadiata causa. Enter Underlying Cause (Diseasa or injury that initiated events resulting in daath) Lest Division of Vital Records, P.O. Box 68760. ed by the ettending physician detached for use es the burie Physician/Medical Part It. Other etgniftcant conditions contributing to death but not rasulting in the underlying cause given in Part t. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yee 2 No 3 Probably 4 Unknown Q Completed 24b. Wara autopsy tindings avaitebla prior to complation of causa of daath? 24a. Was en autopsy 2 No 1 🗌 Yas 1 ☐ Yas 2 ☐ No Be 25. Was casa ratarred to medical 26. Piaca of Death (Check only ona) 1 Yas 2 No Medical Certification: To 1 ☐ Inpatiant 2 ☐ ER/Outpatlent 3□ DOA Nursing Home 5 Rasidance 6 Othar (Spacify) within 24 hours after deeth. To the Funeral Director: After this in by the funeral 27. Mannar ot Death 28c. Injury at Work? 28b. Tima of 28d. Dascribe how Injury occurred 5 Panding Investigation 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be 3 Sulcide 28a. Plece of Injury - At homa, tarm, streat, tactory, office building, atc. (Specify) Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 - Homtolda Certifying Physician: To tha best of my knowledga, daath occurred at tha fima, data and place, and dua to the causa(s) and mannar as stated.

Medical Examiner: On the basis of axaminetion and/or investigation, in my opinion, daath occurred et tha fima, data end place, and due to the causa(s) 29a. Cartifiar end mannar steted. 29b. Signature and title of cartifian 23a) (Type, Print) State AUG 01 1996 Registrar

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

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				Otate of Me		Certificate of			Reg. No.		24470	
	Physici /Modic		1. Decedant's Nama <i>(First, Middia, La</i> Beatric	•		Cadell		2. Date of De Month August	Day	Year 996	3. Time of Death 7PM	
	/Medio Examir		4e. Facility Nama (If not Institution, give			Cadell	4b. City, Town, or L				/FFI	
	Examin		515 Harbor Dr	ive			Annapol	ic	Anr	a Ar	undel	
	Funeral		5. Social Security Number 6. S		(In yrs. last bin	thday) If Under 1 Year	If Undar 24 Hrs.				The state of the s	
	Director		219-28-9086	Sax 1 Aga (In yrs. last birthday) 1 Holder 1 Yeer If Undar 24 Hrs. 8. Date of Birth (Month, Day, Year) 1 May 2 7 1 9 1 3							lace (Stata or Foreign try) nsylvania	
	hand ow		Usual Rasidenca ot Decedant 10a. Stata 10b. County		10c. City, Town	n or Location				10	Od. Insida City Limits	
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	1 28 P	- A	10e. Street and Number			10f. Zip Code			10g. Citizen of V	/hat Count	try?	
	th wil	alD	17 Locust Drive				21401		United	Stat	tes	
	or its	by Funeral Director	11. Marital Status 1 Nevar Married 2 Married 3 XWidowed 4 Divorced	12. Was Decedent & Armed Forcas? 1 Yes 2 N It Yas, Giva		13. Was Decedant of if Yes, specify Cub		pecify Yas or No Pican, etc.)	14. Rece Biac Specify	- America k, White, e	etc.	
5	"natural",	t pet	15. Decedant's E	ducation	16a.	Decedent's Usual Occu	pation		16b. Kind of Bu	siness/Ind	lustry	
0200-61212	ithin 7	Completed	(Specify only highast gra Elamantary/Secondary (0-12)	ada completed) Collega (1-4or 5	+)	(Give kind of work done lifa. DO NOT usa retire	during most of worked)	king				
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ore,	of He		20a. Mathod of Disposition	Domard from Otata	20b. Pleca of cematar	Disposition (Nama of y, cramatory or other pla	ace)	Deta	20c. Location -	City or To	wn, Stata	
paitimore,	Pag ment ant: N		↑☐8uriel 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif	y) Stata		nne's Cemet	ery 8/4/		*		Maryland	
Dai	permit. Pages 1 and 2 Department of Health important: if itsm 27 is any Injury or other tre 2008.		Signatura of Funerel Sarvice Licer	nsaa PP	/		ess of Facility ohn of Glouce				Home, Inc. MD21401	
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	ned insit	Examiner		b	uci	Nous	Klun	01		1		
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Ö	deeth c	Physician/N	_	4								
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cords	iew requires that the de as been signed by the a 2 should be detached	Completed							an autopsy ormed?	con	are autopsy tindings allable prior to mpletion of cause daath?	
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NISION	th. After a funer	itlon	1 ■Natural 5 ■ Pending 2 ■ Accidant Invastigation	28a. Data of Injur (Month, Day		ima ot 28c. Injury Wo	ork? ☐ Yas 2 ☐ No	28d. Describe	how Injury occurr	ed		
	or Atter sfter des Director In by the	Certification:	3 Sulcida 6 Could not b datarmined		ry - At homa, fa . (Specify)	rm, street, factory, office		28t. Location (: City or To	Street and Numb wn, Stata)	er or Aurai	l Routa Number,	
	To the Hospital or Attending Physician: The is within 24 hours after death. To the Funeral Director: After this certificate ha completely filled in by the funeral director, page	edical C	29a. Cartifiar (Check only one)	yalcian: To the bast o niner: On the basis of and manner sta	axamination end	, daath occurred at tha ti	lma, data and place, opinion, daath occur	and due to the red at the time,	cause(s) and ma data and place, s	nnar as st	ated. tha cause(s)	
	omple	Me	29b. Signature and title of certifier	O TO THAT HAI STA	and.	29c. Licen	se number		29d. Data signed	(Month, L	Day, Year)	
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			30. Name and address of person who	complated causa ot da	ath (Itam 23a) (Type, Print)		<u> </u>				
			George C. Sama:	ras, M.D. 2	205 Ridg	ley Avenue	Annapolis	s, MD 2	1401 (41	0-268	3-3232)	
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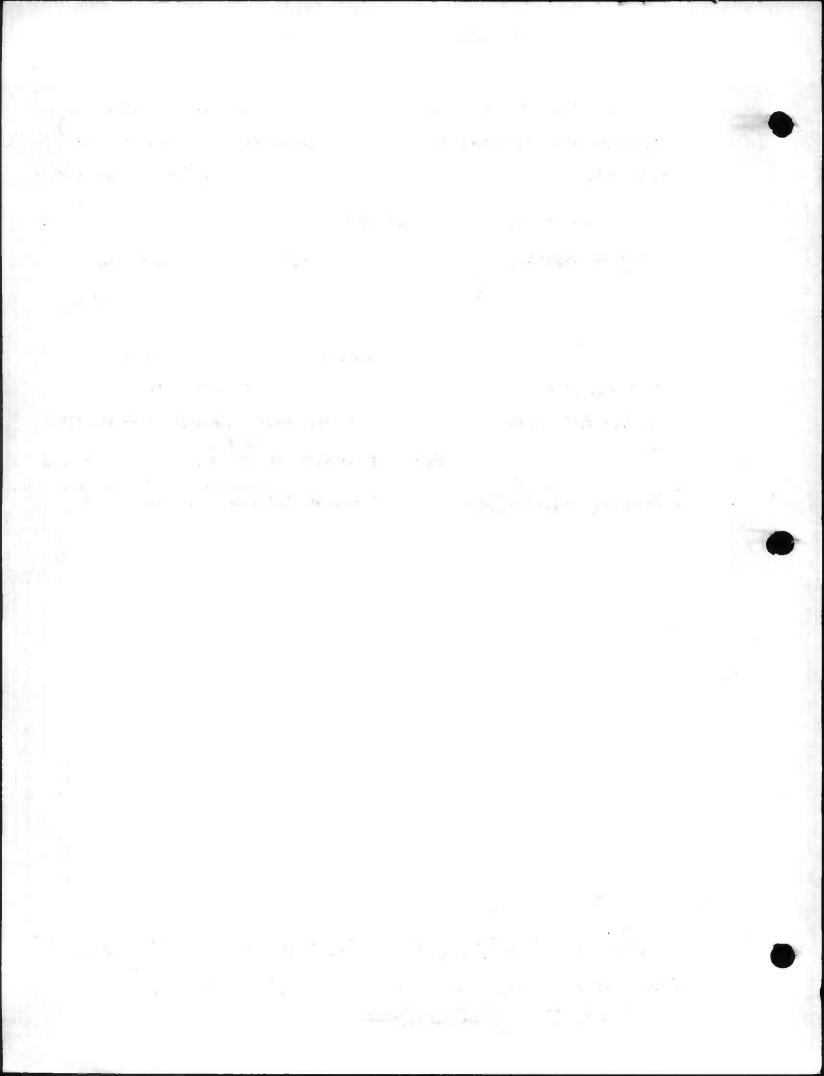
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State of Maryland / Department of Health and Mental Hygiene

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							Ce	rtificate	of l	Death			Reg. No.		
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п	Funerai		5. Social Sacurity N	Number 6.	Sax	7. Aga (In yrs. i	ast birthday) If Undar 1 Yaar If Undar 24 Hrs. Months Days Hours Min.					8. Data of Bir (Month, Da	th v Year	9. Birth	olaca (Stata or Foreign
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	the 28.	Director	10e. Street and Nu					10f. Zip Co	do				10g. Citizen	-(1400	
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S	Attending or deeth.	t C	3 Suicide	6 ☐ Could not datarmine		e of Injury - At ho	ma, farm, sti	aat, factory, of	fice			28f. Location (Street and Nu	mber or Run	al Route Number,
Division	Or after	Certification:	4 Homicide	OBIETITIO I	build	ling, atc. (Specify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				City or To	wn, Stata)		
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	Hos Fun tely	edicai	29a. Certifier (Check only	2 Medical Exa	miner: On tha t	e best of my know pasis of axaminat	vledga, daatl ion and/or in	n occurred at the vastigation, in a	ne tim	ia, data an pinion, daa	d place, a	and due to the ed at tha tima.	cause(s) and data and place	mannar as s e, and dua to	tated. tha causa(s)
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			(%)	respect	V. 4	dans a	MI	D	0	59	20		3.4	loust	1996
			30. Nama and addr.	ass of person who	completed car	sea of death /ltam	23a) /Time	Print)					UVII	7000	/ T
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State of Maryland / Department of Health and Mental Hygiene

24500

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Dala of Daath **Physician** CHAPPELL Month DESSIE July 3:05 AM /Medical 4a. Facility Nama (If not institution, giva streat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner P.G. PRINCE GEORGES HOSPITAL CENTER CHEVERLY Hours Min. NOV 2 1909 If Undar 1 Yaar 5. Social Sacurity Number 9. Birthplaca (Stata or Foreign Country) N.C. 7. Aga (In yrs. last birthday) **Funeral** Days 1 ☐ M 2 ☐ NF 86 Yrs Director 238 64 3760 Usual Rasidance of Decadant Pages 1 and 2 should be filed within 72 hours after death with the Maryland sent of Health and Mental Hygiane. 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits ns 23a or 28a-f show Director MITCHELLVILLE 1X Yas 2 □ No MD. P.G. 10e. Straat and Number 10f. Zlp Coda 10g. Citizan of What Country? 20721 901 FALLS LAKE DRIVE USA Completed by Funeral 12. Was Decedanl Evar in U,S. Armed Forces? Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Race - Amarican Indian, Black, Whita, etc. "natural", or item 1 ☐ Nevar Married 2 ☐ Married 1 ☐ Yas 2 XNo If Yas, Giva Yaar or Datas: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☒ No Specify: Specify: BLACK 3 Widowad 4 ☐ Divorced The Medical 16a. Decedent's Usuel Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 15. Dacedant's Education (Specify only highast grade complated) 16b. Kind of Business/Industry Hygiane. Elamanlary/Secondary (0-12) Collaga (1-4or 5+) PVT. NURSES AID 12 7 is marked other traumatic event, I 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Surname) Be JOHN WATSON NINA ONEAL 19b. Melling Address (Street end Number or Rurel Routa Number, City or Town, Stete, Zip Coda) 2072119a. Informant's Name/Ralationship (Type, Print) Health a 901 FALLS LAKE DR., MITCHELLVILLE, MD. DOROTHY CHAPPELL-JOHNSON or other 20b. Place of Disposition (Nema of cametery, cramatory or other place 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata permit. Page Department of Important: If any injury or once. SELMA MEM. GARDENS 7/27/96 SELMA, N.C. 4 Donation 5 Other (Spacify) 21. Signatu 22. Nama and Addrass of Facility WATSON F. H. INC. 3435 14th ST., N.W. 20010 Part 1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Batw Onsat and Death **Hysician** Immediata Causa (Final disaasa or condition rasulting in death) /Medical 30 M Examiner Examiner orone The law requires that the death certificate be executed burial-transit Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Diseesa or Injury thet Initiated avants resulting in deeth) Last Box 68760. Physician/Medical the Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. 23b. Did tobacco use contribute to the cause of death? 1 | Yes 2 No 3 | Probably 4 | Unknown smunen Records, by 24b. Wara autopsy findings available prior to complation of causa of daalh? 24a. Was an autopsy Completed anaxic en cephalopothy 2 No 1 ☐ Yas 2 ☐ No 1 Yas Division of Vital or Attending Physician: funeral director, Be 25. Was cesa rafarrad to medicel axaminar? 26. Placa of Death (Check only ona) Hospitel: 1 Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yas 2 No Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) Certification: To this 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Pending Invastigation Neturel 24 hours after death. Funeral Director: A 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be datermined 3 Sulcida 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) filled in by 4 Homicida Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, deta and place, and due to the cause(s) end manner es steted.

2 Medical Examiner: On the basis of examination end/or invastigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(s) end manner stated. Medicai 29a. Certifiar pletaly (Check only one) To the Within 2 To the 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) 7/22/96 D 15374

State Registrar

31. Data filad (Month, Day, Yaar) JUL 3 0 1996

Sotoudeh M.D.

7525 Green way Center Dr Greenhelt MO Registrar's Signature

30. Name and address of person who complated causa of death (Item 23a) (Type, Print)